



# **PURPOSE STATEMENT OF**

## **POLICY ON STATEMENT OF PURPOSE**

Dementia-related conditions are the most common illnesses in older people- Alzheimer's disease is the best known. Depending on the level of need, care is available in residential dementia homes. Dementia care is often referred to as "Elderly Mentally Infirm" or EMI care.

Willow Cottage Nursing Home provides specialist dementia care facilities. We offer services with experienced staff and an adapted environment to meet the needs of residents. Our home is a purpose newly built facility which is bright, positive environment where we encourage family and friends to be part of the ongoing care plan and involve them in daily life, for example at meal times and by participating in social events and activities.

### **Residents' Right**

We place the rights of dementia 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**

We recognise that life in a communal settings and the need to accept help with personal tasks are inherently invasive of a resident's 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 use them as much as they wish for leisure, meals and entertaining.
- Offering a range of locations around the home for residents to be alone or with selected others.
- Providing locks on residents' storage space, bedroom and other rooms in which residents need at times to be uninterrupted.
- 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.

### **Dignity**

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 which enables each resident to express themselves as a unique individual.
- Tackling the stigma from which our resident 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 residents' remaining opportunities to think and act without reference to another person in the following ways.

- Providing as tactfully as 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 access and contribute to the records of their own care.

### **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.

### **Civil rights**

Having disabilities and residing in a home can act to deprive our residents of their rights as citizens. We, therefore, work to maintain our residents' 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 all appropriate welfare benefits and social services.
- Assisting residents' access to public services such as libraries, further education and lifelong learning.
- Facilitating residents in the contributing to society through volunteering, helping each other and taking on roles involving responsibility within and beyond the home.

### **Choice**

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

- Providing meals which enable residents as far as possible to decide for themselves where, when and 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 and not to be dictated to by set communal timetables.
- Avoiding wherever possible treating residents as a homogeneous group.
- Respecting individual, unusual or eccentric behaviour in the residents.
- Retaining maximum flexibility in the routines of the daily life of the home.

### **Fulfilment**

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 relationships if they wish.
- Attempting always to listen and attend promptly to any residents' desire to communicate at whatever level.

### **Diversity**

We aim to demonstrate that we welcome and celebrate the diversity of people in our community and in this home. We try to do this in the following ways.

- Positively communicating to our residents that their diverse backgrounds enhance the life of the home.
- Respecting and providing for the ethnic, cultural and religious practices of residents.
- Outlawing negatively discriminatory behaviour by staff and others.
- Accommodating individual differences without censure.
- Helping residents to celebrate events, anniversaries and festivals which are important to them.

### **Quality Care**

We wish to provide the highest quality of care, and to do this we give priority to a number of areas relating to the operation of the home and the services we provide.

### **Choice of home**

We recognise that every prospective resident should have the opportunity to choose a home which suits their needs and abilities. To facilitate that choice and to ensure that our residents know precisely what services we offer, we will do the following.

- Provide detailed information on the home by publishing a statement of purpose and a detailed resident guide.
- Give each resident a contract or a statement of terms and conditions specifying the details of the relationship.
- Ensure that every prospective resident has their needs expertly assessed before a decision on admission is taken.

Demonstrate to every person about to be admitted to the home that we are confident that we can meet their needs as assessed.

- Offer introductory visits to prospective residents and unplanned admissions except in cases of emergency.

### **Personal and health care**

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 resident plan of care, based on an initial and then continuing assessment.
- Seek to meet or arrange for appropriate professionals to meet the health care 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 a resident which satisfies their social, cultural, religious and recreational interests and needs.
- Help residents to exercise choice and control over their lives.
- Provides meals which constitute a wholesome, appealing and balanced diet in pleasing surroundings and at times convenient to residents.

## **Concerns, complaints and protection**

Despite everything that we do to provide a secure environment, we know that residents may become dissatisfied from time and even suffer abuse inside or outside the home. To tackle such problems we will do the following.

- Provide and, when necessary, operate a simple, clear and accessible complaints procedure.
- Take all necessary action to protect residents' legal rights.
- Make all possible efforts to protect residents from every sort of abuse and from the various possible abusers.

## **The environment**

The physical environment of the home is designed for residents' convenience and comfort. In particular, we will do the following.

- Maintain the buildings and grounds in a safe condition.
- Make detailed arrangements for the communal areas of the home to be safe and comfortable.
- Supply toilet, washing and bathing facilities suitable for the residents for whom we care.
- Arrange for specialist equipment to be available to maximise residents' independence.
- Provide individual accommodation which at least meets the National Minimum Standards.
- See that residents have safe, comfortable bedrooms, with their own possessions around them.
- Ensure that the premises are kept clean, hygienic and free from unpleasant odours, with systems in place to control the spread of infection.

## **Staffing**

We are aware that the home's staff will always play a very important role residents' welfare. To maximise this contribution, we will do the following:

- Employ staff in sufficient numbers and with the relevant mix of skills to meet residents' needs.
- Provide at all times an appropriate number of staff with qualifications in dementia, health and social care.
- Observe recruitment policies and practices which both respect equal opportunities and protect residents' safety and welfare.
- Offer our staff a range of dementia training which is relevant to their induction, foundation experience and further development.

## **Management and administration**

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 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 procedure that safeguard residents' interests.
- Offer residents appropriate assistance in the management of their personal finances.
- Supervise all staff and voluntary workers regularly and carefully.
- 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.

## **The Underpinning Elements**

A series of themes both cut across and underpin the aims we have relating to the rights 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, resource, 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 of our services users 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 the 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.

### **Facilities and Services of the Home**

#### **The home's management**

The person officially registered as carrying on the business of the home is Mr. Sats Ahluwalia, who can be contacted at Willow Cottage Nursing Home, Keyers Bridge House, Wokingham Road, Hurst, reading, RG10 0RU

#### **The management's qualifications and experience**

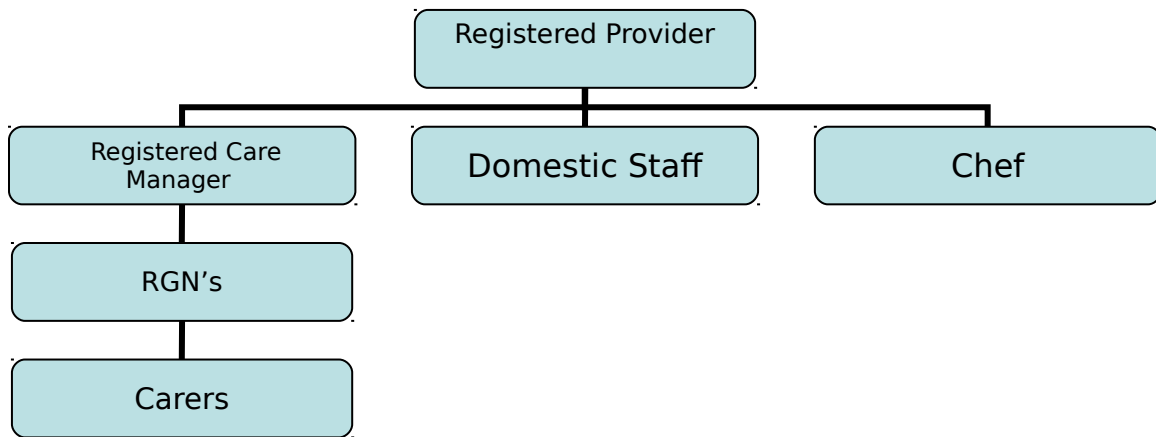
The relevant qualifications and experience of Sats Ahluwalia are as follows: Sats has worked in senior management in large multinational organisations, before moving into the care industry. Sats has experience in management and administration and is a registered provider for other care homes. Sats over the last two years has researched and gained immense knowledge in caring for dementia residents. The relevant qualifications and experience of Mr Ifraheem Gill: Ifraheem has been working in the care environment for over 26 years. He has an experience in managing and providing care to older people.

#### **The home's staff**

The home's total staff establishment will depend on the number and the level of dependency of the residents. All factors relating to manual handling, behaviour and individual resident care needs will be taken into consideration. The care manager has QCF Diploma Level 5 in Leadership for Health and Social Care and Children and Young People- Adults Residential Management pathway. She has attended various courses,

related to the residential dementia care. All other staff has duties involving direct care for residents suffering from dementia. The relevant qualifications and experience of the care staff are as follows: NVQ 2, NVQ 3 and NVQ 4.

### **The organisational structure of the home**



### **Residents accommodated**

The home provides care and accommodation for the elderly suffering from dementia. The home will provide residential dementia care and not nursing.

### **The range of needs met**

The home aims to provide a service for people with dementia and treat them with respect. If you can understand what the person is going through, it might be easier for you to realise why they behave in certain ways. We at Willow Cottage Nursing Home always remember that a person with dementia is still a unique and valuable human being, despite their illness.

When a person with dementia finds that their mental abilities are declining, they often feel vulnerable and in need of reassurance and support. The people closest to them –our carers and including friends and family – need to do everything they can to help the



person to retain their sense of identity and feelings of self-worth. Our homes aim is to provide this.

### Feeling valued

The person with dementia needs to feel respected and valued for who they are now, as well as for who they were in the past. As a carer, there are many things we will do to help:

- We will try to be flexible and tolerant.
- Make time to listen, have regular chats, and enjoy being with the person.
- Show affection in a way that both carer and resident feel comfortable with.

### We will always remember

- Each person with dementia is a unique individual, with their own very different experiences of life, their own needs and feelings, and their own likes and dislikes.
- Although some symptoms of dementia are common to everyone, dementia affects each person in different ways.
- Everyone – including friends, family members, carers, and the person with dementia – reacts to the experience of dementia in their own way. Dementia means different things to different people.

There are lots of things we do to help the person with dementia feel good about themselves. Here are some:

As someone caring for a person with dementia, we take account of the person's abilities, interests and preferences. These may change as the dementia progresses. It's not always easy, but we will try to respond flexibly and sensitively.

### Supporting other people

As our cares are involved in caring for the resident, we give them as much background information as possible, as well as information about their present situation. This will help the carer to see the person they're caring for as a 'whole person' rather than simply 'someone with dementia'. It may also help them to feel more confident about finding conversation topics or suggesting activities that the person may enjoy.

If friends, relatives and next of kin are not used to being around people with dementia when they visit our home, here are a few things we will remind and emphasise to them:

- Dementia is nothing to be ashamed of. It is no one's fault.

- If the person tends to behave in ways that other people find irritating or upsetting, this may be because of the dementia – it's not deliberate.
- The person with dementia may remember the distant past more clearly than recent events. They are often happy to talk about their memories, but anyone listening needs to be aware that some of these memories may be painful.

### What's in a name?

Our sense of who we are is closely connected to the names by which we call ourselves. It's important that we address the person with dementia in a way that the person recognises and prefers. Our home practices:

- Some people may be happy for anybody to call them by their first name or nickname.
- Others may prefer younger people, or those who do not know them very well, to address them formally and to use courtesy titles, such as Mr or Mrs.

### Cultural values

We explain the resident's cultural or religious background, and any rules and customs, to carers and anyone from a different background so that they can behave accordingly. These may include:

- respectful forms of address
- what they can eat
- religious observances, such as prayer and festivals
- particular clothing or jewelery that they (or those in their presence) should or should not wear
- any forms of touch or gestures that are considered disrespectful
- ways of undressing
- ways of dressing the hair
- how they wash or use the toilet.

### Acting with courtesy

Many people with dementia have a fragile sense of self-worth; we continue to treat them with courtesy, however advanced their dementia.

- We are kind and reassuring to the resident that we are caring for without talking down to them.
- We never talk over their head as if they are not there – especially if you're talking about them. Include them in conversations.
- We avoid scolding or criticizing them – this will make them feel small.

- We look for the meaning behind their words, even if they don't seem to be making much sense. Whatever the person is saying, they are usually trying to communicate with you about how they feel.
- We try to imagine how you would like to be spoken to if you were in their position.

### Respecting privacy

- We try to make sure that the person's right to privacy is respected.
- We always knock on the person's bedroom door before entering.
- If they need help with intimate personal activities, such as washing or using the toilet, we do this sensitively and make sure the door is kept closed if other people are around.

### Offer simple choices

- We make sure that, whenever possible, we inform and consult with the resident about matters that concern them. Give them every opportunity to make their own choices.
- We always explain what you are doing and why. We try to judge the person's reaction from their expression and body language.
- People with dementia can find choice confusing, so keep it simple. We phrase questions so that they only need a 'yes' or 'no' answer, such as 'Would you like to wear your blue jumper today?' rather than 'Which jumper would you like to wear today?'

### Expressing feelings

Dementia affects people's thinking, reasoning and memory, but the person's feelings remain intact. A person with dementia will probably be sad or upset at times. In the earlier stages, the person may want to talk about their anxieties and the problems they are experiencing.

- We try to understand how the person feels.
- We make time to offer them support, rather than ignoring them or 'jollyng them along'.
- We don't brush their worries aside, however painful they may be. We listen and show them that you are there for them.

### Making the resident feel good about themselves

- o Avoid situations in which the resident is bound to fail, as this can be humiliating. We look for tasks they can still manage and activities they enjoy.
- o We give them plenty of encouragement. Let them do things at their own pace and in their own way.
- o We do things with them, rather than for them, to help them retain their independence.
- o We break activities down into small steps so that they feel a sense of achievement, even if they can only manage part of a task.
- o Our self-respect is often bound up with the way we look. We encourage the person to take a pride in their appearance, and compliment them on how they look.

From the above it can be clearly seen that we do not just provide personal care but try to understand our resident.

If you are not sure of the range of needs we can meet, please contact the care manager, who will discuss the needs and can carry out a full assessment.

### **Residents requiring nursing care**

The home does provide staff for any residents who need nursing care.

### **Admissions**

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 services user 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 calling, with the resident's permission, on specialist advice and reports as necessary.

The assessment will cover the range of health and social needs set out in Department of Health guidance. All information will be treated confidentially. The assessment process helps the home's staff to be sure that the home can meet a potential resident's 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, join current residents for a meal and move in on a trial basis. We are happy for a prospective resident to involve their friends before making the final decision about admission.

If we feel the home is not suitable for a particular person we will try to give advice on how to look for help elsewhere.

If, exceptionally, an emergency admission has to be made, we will inform the new resident within 48 hours about key aspects, rules and routines of the home and carry out the full information and assessment process within five days.

### **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.

1. 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 their period of residence in the home.
2. We try to help residents to continue to enjoy as wide a range of individual and group activities and interests 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 lounges, other sitting and circulating areas, 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.
3. We have a wide range of daily activities available to residents. 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 residents to join in any of the communal social activities. We have a mobile library, daily newspapers, and arts and crafts. We have a hairdresser and chiropodist. We have an occupational therapist, an optician and a dentist. There are GP and district nurses available
4. We have facilities including a lounge and dining room, an outdoor seating area in the garden. Wheelchairs and hoists are available. We recognise that food and drink play an important part in 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 and meals can be served in residents' own rooms if desired. 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, we cater for special and therapeutic diets as advised by specialist staff and as agreed in each resident's 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 at all times. There is a kitchenette in the lounge for residents to use to make tea/coffee and snacks. We aim to make all the food and drink we provide attractive, appealing and appetising, and to mark special occasions and festivals.

5. We try to ensure that the home is a real part of the local community, so in principle we encourage visitors 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.
6. 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 therefore aim 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 the experience.
7. For the benefit of all residents and staff, we have designated the communal areas of the home as non-smoking. Residents who wish to smoke must contact the registered care manager. We may make a charge associated with some social activities and services: where this applies, the details will be made clear to the resident in advance.
8. 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 corporately about the way the home is run. There is a next of kin meeting, residents meeting, resident's individual activities meeting and a care planning meeting and menu planning meetings. 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.

### **Consultation with residents**

We try to consult users as fully as possible about all aspects of the operation of the home and care provided. In particular, individual and group discussions, residents care planning, feedback such as meals and mealtimes questionnaires, service quality questionnaires, quality assurance in care services questionnaires,

### **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 home's fire safety policy and procedures are available on request. 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 practice 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 contact any local place of worship on a resident's behalf. We will 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 any time convenient to the resident and to become involved in daily routine and activities. Visitors are welcome at any time and at any mealtimes if they wish. There is a room where residents may entertain visitors privately. 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.

## **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 in our successes, but we can also learn from comments that 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 who is dissatisfied with any aspect of the home feels that when they raised the matter informally it was not dealt with to their satisfaction or they are not comfortable

with the idea of dealing with the 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 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 right at any stage to pursue the matter with the CQC and will be given details of how the CQC 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 in 28 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 complaint 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 CQC.

## **Resident plan of care**

At the time of a new resident's 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 incorporates any necessary risk assessments.

Once a month, we review each residents plan together, 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 are 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.

## **Rooms in the home**

Willow Cottage Nursing Home has 28 bedrooms for residents.



The rooms in the home for communal use are as follows: sitting room, dining room, assisted bathrooms, shower rooms, toilets, and laundry room. In addition there are some areas of the home which are generally for staff use only as follows: Kitchen, staff sleeping accommodation, office space. The home meets the standards set for environment.

*Resident’s Bedrooms:*

The layout of the accommodation is as follows:

<b>Floor</b>	<b>Single Rooms</b>	<b>Twin Rooms</b>	<b>En Suite Rooms</b>	<b>Total Beds per Floor</b>
Second	4	0	0	4
First	13	0	0	13
Ground	10	1	2	11
<b>SUB TOTALS</b>	<b>17</b>	<b>1</b>	<b>2</b>	<b>28</b>

The placement of service users will be based on pre-assessments, risk assessments and only individuals with early stages with dementia will be housed on the second floor, subject of dependency profiles and risk management.

**Privacy and dignity**

The home places a high value on respecting the privacy and dignity of residents. The detailed measures we take are set out in the paragraphs headed respectively *Privacy and Dignity* at the beginning of this document

**Review of this document**

We keep this document under regular review and would welcome comments from residents and others.

Signature: .....

Date: .....

Review Date: .....

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