



Statement of Purpose

Health and Social Care Act 2008



Statement of Purpose

Health and Social Care Act 2008 Date of Review: May 2022

Version	3	Date of next review	May 2023
Service provider <i>Full name, business address, telephone number and email address of the registered provider:</i>			
Name	Newgrange of Cheshunt Limited		
Address line 1	First Floor CEF Building Broomhill Way		
Town/city	Torquay		
County	Devon		
Post code	BH22 8JF		
Email	info@newgrangehome.co.uk		
Main telephone	01992 642449		
ID numbers <i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>			
Service provider ID	1-101608670		
Registered manager ID	1-102774057		

Aims and objectives

What do you wish to achieve by providing regulated activities?

How will your service help the people who use your services?

Please use the numbered bullet points:

1. To deliver a service of the highest quality that will improve and sustain the resident's overall quality of life.
2. To ensure that the care service is delivered with a flexible, attentive and in a non-discriminatory fashion while respecting each resident's right to independence, privacy, dignity, fulfilment, and the rights to make informed choices and to take appropriate risks.
3. To ensure that each resident's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.

4. To ensure that the full care service is delivered in accordance with the Statement of Terms and Conditions agreed at the point of moving into the home.
5. To manage and implement a formal programme of staff planning, selection, recruitment, training and personal development to enable resident care needs to be met.
6. To manage the care service efficiently and effectively to make the best use of resources and to maximise value for money for the resident.
7. To ensure that all residents receive written information on the home's procedure for handling complaints, comments and compliments, and know how to use it.

Legal status	
Incorporated organisation	Yes
Company number	6708331
Are you a charity?	No
Group structure (if applicable)	100% owned by Shervey Limited registered company number: 6333002

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	Accommodation for persons who require personal care
Services <i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i>	Residential care home (without nursing) for adults including mild dementia. Short stay (respite) and long stay.
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	

Name of location	Cheshunt	
Address line 1	Cadmore Lane	
Address line 2	Cheshunt	
Address line 3	Hertfordshire	
Address line 4	EN8 9JX	
Brief description of location²	Purpose built care home recently refurbished with 37 bedrooms, all ensuite on two floors. It has a Passenger lift. Assisted bathroom and shower room. Disabled toilets on both floors. Quiet residential setting. Cinema and activities room. Hair salon.	
No of approved places/beds (not NHS)³	38 beds	
Name and contact details of registered manager(s) (if applicable)⁴ <i>Full name, business address, telephone number and email address of each registered manager.</i> <i>For each registered manager, state which regulated activities and locations(s) they manage.</i> <i>Copy and paste the sub-section if they are more than two registered managers</i>	Registered manager 1	
	Full name:	
	Mrs Alison Wood	
	Contact details:	
	Business address:	
	Newgrange	
	Cadmore Lane	
	Cheshunt	
	EN8 9JX	
	Telephone: 01992 642449	
	Email: newgrangemanager@gmail.com	
	Adults over 65	Yes
	Adults under 65	Yes
	Dementia	Yes

STATEMENT OF PURPOSE

Newgrange is a comprehensively equipped 38 bedded private residential home, which has changed ownership only once in the last 16 years. Our main focus of care is for older people of either gender who may also have physical disabilities, an age-related mental health need or confusion, associated with their primary disability. We accommodate some residents who have dementia. We provide long term, short term, respite and emergency care.

The Home is owned and operated by Newgrange of Cheshunt Limited the representative director of which is Nick Meyer. The nominated responsible person is Alex Macfarlane and the Registered Manager is Mrs Alison Wood. Alison possesses a wide range of caring and management experience especially working with elderly people. She has achieved NVQ assessor certification and a City and Guilds Registered Manager's Award in respect of social care. Nick Meyer has a B. Sc (Jnt. Hons in Sciences). Both Nick and Alison can be contacted at any time through the above address. Nick is assisted by Alex Macfarlane, who is studying for her Level 5 in Social and Health Care. She has a Masters in Counselling, a PGCE in Education as well as a BA.

The Registered Manager has a team of qualified staff to assist her in the daily running of the home, Deputy Managers, Care Manager, Team Leaders and Senior Care Staff and under them are a dedicated team of Health Care Assistants (HCAs) supported by housekeepers, a chef and team of catering assistants who cover the kitchen, laundry and cleaning duties. There is also a part-time maintenance contractor and a gardener.

Currently there is a team of HCAs both full and part time as well as domestic, catering and auxiliary staff. We ensure an above average level of staff at any given level of occupancy. All trained staff keep up to date with changing practices with ongoing courses while all new HCAs immediately start on the new Skills for Care induction course to give them a grounding in basic caring techniques and are then given the opportunity to go onto QFC Level 2/3/4/5.

Currently 4 staff are Level 5, 6 staff have reached level 3, 6 staff are undertaking QFC Level 2. All domestic staff employed in the kitchen have appropriate food handling certificates.

The home is dedicated to the provision of the finest care for its residents. This is achieved through the integration of efficient administrative practices with first class standards of care in accordance with the requirements for registration, and appropriate supplementary regulations, and the Care Homes for Older People, National Minimum Standards. We achieve a high level of care for our dying residents by working with other health care professionals to identify those who will require more help over the last six months of life.

Our most recent inspection reports are available for your information on the CQC website. Go to www.cqc.org.uk or should you be unable to access the internet, please contact the office where we shall be happy to print off any copies for you.

We are situated in a pleasant level position on the edge of the town of Cheshunt with our own private gardens, providing a homely, happy, secure environment, with a high standard of care. The home was refurbished completely in 2018.

Our chef provides a varied menu using fresh local Hertfordshire produce. The services we provide when required include Chiropodist, Optician, Speech Therapist, Dentist, Hairdresser, visits from local Clergy, library books and a shopping service.

We have an Activities Team who engage in individual activities with residents which are then documented in their care plans and each week we have a variety of entertainers who visit the home to entertain everyone with an interesting range of music, games and other activities, which the residents can choose.

The home has been established with a quality-orientated approach and a high degree of quality awareness is developed through all levels of staff through appropriate training and leadership of management.

It is the objective of Newgrange to provide care to all residents to a standard of excellence which embraces fundamental principles of good care practice and this may be witnessed and evaluated through the practice, conduct and control of quality care in the home. It is a fundamental ethos that those residents who live in the home should be able to do so in accordance with the home's philosophy of care.

Residents shall live in a clean, comfortable and safe environment and be treated with respect, dignity and sensitivity to their individual needs and abilities. Staff will be responsive to the individual needs of residents and will provide the appropriate degree of person-centred care to ensure the highest possible quality of life within the home.

Newgrange aims to provide its residents with a secure, relaxed, and homely environment in which their care, well-being and comfort is of prime importance. In order to receive 'feedback' from residents and/or their families about Newgrange we have a suggestion box which is situated in the front hall. Residents and relatives are requested to place their contributions and we endeavour to acknowledge and act on all appropriate suggestions. Newgrange carries out regular service user questionnaires to aim to improve all areas including food, activities and the environment.

A stakeholder's survey will be distributed to each resident or their representative, GPs, Intermediate Care representatives, other external practitioners and suppliers to monitor formally the service we provide as part of our internal audit. You are welcome to view our complete range of policies, procedures and protocols. Please contact the office to arrange a mutually convenient time to do so. All documents are situated in binders at the reception area of the home.

Carers will strive to preserve and maintain the dignity, individuality and privacy of all residents. As our residents cover a broad range of special needs involving the elderly and infirm, their requirements may be medical/therapeutic (for physical and mental welfare) cultural, psychological, spiritual, emotional and social they are therefore encouraged to participate in the development of their personal care plan in which the involvement of family and friends may be appropriate and is greatly valued. We also operate an open visiting system and encourage family and friends to visit at anytime. Families are welcome to join their relatives for lunch but please inform chef first.

The development of the resident's Plan of Care will be achieved through programmes of activities of mental alertness, self-esteem, and social interaction with other residents and with recognition of the following core values of care, which are fundamental to the philosophy of our Home.

CORE VALUES OF CARE

PRIVACY	DIGNITY	RIGHTS
INDEPENDENCE	CHOICE	FULFILMENT
SECURITY	RESPECT	EQUALITY

All care staff within the home will be appropriately qualified to deliver the highest standards of care. A continuous staff-training programme is implemented to ensure that these high standards are maintained in line with the latest initiatives and developments in care practices as may be laid down in appropriate legislation, regulations and the National Care Standards/Care Quality Commission guidelines.

Our overall philosophy of care is "treat all residents and colleagues as you wish to be treated yourselves". If a moment is taken to consider all actions in this light before they are taken then the best care will follow.

WELCOME TO NEWGRANGE

AN INFORMATION PACK FOR RESIDENTS, THEIR FRIENDS AND RELATIVES.

The owner, managers and staff of Newgrange would all like to welcome you and your loved ones to our residential home, where we hope you will be very happy. The following information is intended to help you to feel at home and inform you a little about its running. We also hope it will serve to prompt you to give us your views and suggestions, which are always welcome.

PERSONAL BELONGINGS

Whilst we make every effort to ensure that personal belongings remain safe in our home, we would like to point out that items of any value are best kept insured against loss or breakages. We encourage residents to feel as much at home as possible and encourage you to bring in any suitable small items of furniture, pictures and ornaments as you would like, to personalise your room.

LAUNDRY

We would appreciate it if all clothes are marked clearly with your initials or name, in order that our laundry staff can ensure all clothes are returned as promptly as possible to their rightful owners after washing. We operate a full in-house laundry service, but if there are any special clothes you would rather, we didn't wash, please just let us know and we will make arrangements with you for what ever alternative you choose.

FIRE ALARM SYSTEM

The home is protected by a full fire alarm system. The fire service will be here within minutes of us calling them, as we are a priority. In the event of fire staff will attempt to move people horizontally away from the seat of a fire if it is safe to do so into the next compartment. The full fire policy is included at the end of this Statement of Purpose.

G.P.

We are in the 'catchment' area for several Cheshunt practices, and encourage you to make your own choice of GP for your friend/relative. All GPs will visit residents in the home at the request of the staff or at your own request if you are concerned. If you feel the need to ask the GP to call, we would ask that you first discuss this with a manager or senior carer in charge of the shift. We will always ask a GP to call if our professional assessment of our resident leaves us in any doubt as to the need for medical attention.

PRESCRIPTIONS AND MEDICATION

We have the services of Care2Homes the Chemist, who deal with all our prescription requests, no matter to which GP surgery our resident belongs.

Each month, a new supply of medication is obtained by the home, and medicines are given regularly, as prescribed, to all residents. We have a separate medication room with a key pad locking system. It is the home's policy to administer all medication for all residents. This is to safeguard against any risk.

THERAPEUTIC SERVICES

Physiotherapy, OT, Speech and Language Therapy can be arranged through your GP. A domiciliary optician and dentist are available privately and through NHS.

CHIROPODY

We have a private chiropodist who visits as and when required. As with the hairdressing service, we are happy to add your friend/relative to our chiropodist's list, or they may retain the services of an existing or alternative practitioner. Chiropody and hairdressing services are charged in addition to our care fees.

PETS

It is generally not possible to accommodate pets. However, residents are welcome to discuss such arrangements individually.

VISITING

There are no set visiting hours at Newgrange, but just a few pointers to keep in mind when planning your visit.

- a) Elderly people tend to get tired quite early in the evening, and some of our residents are in bed around 7pm. However, depending on your particular relative's wishes and routine, evening visiting can be arranged.
- b) In case of serious illness or expected death of a resident, relatives and friends are always welcome to stay over the 24hr period if they wish.

VISITING CLERGY

Our local Church of England church make regular visits for those who wish spiritual guidance. Visits from clergy of other denominations are always available by arrangement.

We have recently arranged for an inter-faith service to be held at the home, on a monthly basis, we are hoping that relatives, residents and carers alike will be able to take part.

ADMISSION OF A RESIDENT TO THE HOME

This policy summarises the arrangements in place within the home for the admission of a new resident.

1. Prior to admission, a manager will arrange with the domestic staff for the new resident's room to be cleaned and prepared in readiness for admission.
2. Upon arrival at the home the resident will be greeted by a Manager in charge and offered a cup of tea or other refreshment. At this point the resident is introduced to his/her allocated key worker.
3. The new resident is shown around and orientated to the layout of the home by the key worker, and introduced to other residents and the staff. Particular attention is paid to showing the resident the Fire Exits and the procedure to be followed in the event of fire. At this point the resident will be shown his/her room.
4. Various documents are completed by a Manager and key worker, as appropriate, including Care Plan information and Terms and Conditions of Admission
All care plans, including, moving and handling plans, falls assessment and oral assessments will be discussed and documented with residents/families within the first 48 hours. For the first 7 days fluid levels will be assessed. Also, within the first two weeks of admission the end of life details and emergency care will be discussed and documented.
5. Any medication brought into the home by the resident will be recorded in the Drugs Received System. Continuance of this medication will depend upon subsequent medical reviews of the resident's condition and this will be explained to the resident/relatives upon admission.
6. It is the policy of Newgrange for trained staff to administer all medication for the continued safety of all who live and work in the home.
7. Arrangements are then made for the resident to be assessed by his/her GP as soon as possible after admission (target, within 24 hours of admission), in order to obtain appropriate clinical advice to incorporate as required in the development of the resident's Care Plan.
8. The resident will have previously been informed at the introduction stage that admission will be for a trial period, after which time a review will take place to see whether the resident wishes to stay, and indeed, whether the home is able to continue to provide the necessary care.
9. Where a relative or advocate has legal control of the resident's financial affairs, then a manager will deal directly with this person to resolve issues of collecting pension payments, allocation of personal allowance etc.
10. A resident's Care Plan is then developed for the new resident by senior staff and key worker in accordance with usual Newgrange principles.

EMERGENCY ADMISSION OF A RESIDENT TO THE HOME

This policy summarises the arrangements in place within the home for the emergency admission of a new resident.

When a resident is admitted in an emergency it is the policy of the home to work with all concerned agencies to minimise the suffering of the resident. The resident admitted under these circumstances will be informed about key aspects, procedures and routines within 48 hours of admission. All other admission criteria will be met within five working days.

POLICY ON RESIDENT'S RIGHTS (RESIDENT'S CHARTER OF RIGHTS)

It is the policy at Newgrange to respect the right of each resident to lead as independent and fulfilling a life as possible. In this respect the following policy elements will be observed by all care staff, as a documented resident's Charter of Rights which will always be readily available for inspection by residents, relatives and visitors to the home.

RESIDENTS IN OUR HOME SHALL HAVE THEIR RIGHT:

1. To retain their personal dignity and independence irrespective of the severity of their physical or mental infirmity.
2. To have their social, emotional, religious, cultural and political needs accepted and respected.
3. To have skilled, sensitive and understanding care to enable them to achieve the highest possible quality of life.
4. To have their personal privacy respected in all aspects, including entering bedrooms, toilets, bathrooms and following death.
5. To be consulted about daily living arrangements in the home, and to participate in discussions about proposed changes to these arrangements.
6. To be involved in, and be kept informed about, their individual assessment of need.
7. To have a regular review of their individual circumstances, and to have the right to be present at any review meetings.
8. To be involved in the development and implementation of their Care Plan.
9. To be kept informed of all the services offered by the home.
10. To choose their own general medical practitioner and dentist, and to consult them in private.
11. To have access to specialist medical, dental, pharmaceutical, chiropody and therapeutic services and care from hospitals and community health services according to need.
12. To have access to hearing and sight test and appropriate aids, according to need and in every way to have access to those NHS services to which they are entitled.
13. To manage their own personal affairs, including finances.
14. Not to be moved without prior consultation.
15. To have access to a formal complaint's procedure.
16. To be given the opportunity to vote in local and general elections

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

POLICY FOR SOCIAL ACTIVITIES

Every activity we engage in with our residents is selected for a variety of reasons.

Our activity programme includes:

massages, entertainers, exercise, church service, cooking classes, flower arranging, manicures, massages, dancing, puzzles, quizzes, board games and gardening.

Every activity provides a range of benefits including:

Reduces social isolation and increases social interaction, uplifting effect on mood and wellbeing, maintenance and improvement of mobility balance, improved co-ordination, opportunity for reminiscence/triggers memories, enjoyment, participation, self-expression, cognitive benefits, relaxation, spiritual fulfilment, increasing confidence, concentration and sensory stimulation.

A suggestion box is available in the front hall to enable all to indicate their preferences for particular activities. All reasonable suggestions are considered.

All of our activities are open to the resident's families to attend. Our activities programme is communicated and explained to everyone by our weekly schedule, posters of events and emails to families updating them.

In addition, a variety of outside activities therapists attend each week to interact with residents both in group sessions and individually.

The particular activities, interests etc. of the residents are recorded within 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.

POLICY FOR HOBBIES AND INTERESTS

Anyone in our care will have had, at some time at least, hobbies and interests. We consider it our responsibility 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.

RESIDENT'S RIGHTS - ADVOCACY

The management of the home recognises the right of the individual resident to live the lifestyle of his /her choosing, subject to an appropriate Health & Safety Risk Assessment of the individual. Specifically, this Policy summarises the home's philosophy towards the recognition of an advocate for an individual resident where the resident's mental impairment may prevent him/her from handling his/her own affairs and making informed decisions:

1. It is the policy of the home for an advocate to be chosen to represent a resident where care records indicate that this would be a beneficial course of action. An advocate may be:
 - A relative/carer/family member.
 - Other outside appointees, to include:
 - Legal representative (solicitor/attorney).
 - Minister of religion.
 - Local advocacy groups/agency services (Age Concern/MND/local Citizen's Advice Bureau, etc).
2. The role of the advocate may include:
 - 2.1 Representing the resident's interests where the resident is too confused or mentally/physically frail or sick to make informed choices or exercise their rights for themselves.
 - 2.2 Representing the resident's interests with outside bodies such as accountants and solicitors, and in consultation with the management of the home (complaints/resident committees, etc).
 - 2.3 Acting as a possible arbitrator in disputes between residents.
 - 2.4 Where the advocate is a chosen staff member, acting as a source of information regarding:
 - The services available within the home and outside, which may be of interest or use to the resident.
 - The nature of mental health illnesses that can affect the older resident, to enable carers to better understand challenging behavior. The home works within the guidelines of the MENTAL CAPACITY ACT 2007, to ensure our residents have the appropriate safeguards.
 - 2.5 Advising relatives/carers where it is felt that a resident may be genuinely at risk through activities such as smoking, excessive alcohol consumption etc. (always taking into consideration the rights of the resident).
 - 2.6 For resident from ethnic minority groups, to act as the co-ordinator between resident and care staff to explain any special cultural needs that need to be

considered and respected within the Care Plan, possibly even to the extent of providing a translation service.

3. Wherever possible, an advocate will be matched, through personal choice or informed appointment, to a resident with due consideration of gender, age, cultural and ethnic backgrounds, religion and personal interests.

4. Where an advocate is appointed, appropriate notes are made in the resident's Care Plan. The advocate may become involved in the development of the resident's care plan where appropriate.

RESIDENTS' RIGHTS

WORSHIP IN THE CHOSEN FAITH

The management of the home recognises the right of the individual resident to live the lifestyle of his/her choosing, subject to an appropriate Health & Safety Risk Assessment of the individual. Specifically, this policy summarises the arrangements in place to enable residents to attend their chosen places of worship and/or receive visits from their appropriate ministers of religion:

1. Residents may attend religious services either within or outside the home as they so desire. If services are outside the home the resident should, where possible, arrange for transport and accompaniment with friends or relatives. In the event of this not being possible, the key worker or another staff member may accompany residents on specific occasions if staffing levels permit.
2. Residents have the right to meet clergy of their chosen denomination at any time. If required, a private room will be made available within the home for such meetings.

POLICY FOR VISITORS

When a person comes into our care home for the first time, they are encouraged to write to friends, relatives etc, providing them with their new address and inviting them to visit.

Visitors are welcome at all reasonable times any day of the week. Provision is made for those in our care to be visited in strict privacy and comfort, where they so choose. We have private areas where visitors may spend time with their relative or friend.

For security, we may ask for proof of identity of any unrecognised visitor before allowing them access to our premises. A visitor's book is situated in reception and visitors should remember to sign in and out. Not only does this assist us and the emergency services in case of emergency, a fire for example, but in following up matters such as infection if the need arose.

Where the resident would like a visitor to leave, for the sake of all others concerned, we do ask the visitor to respect and honour the resident's wishes.

If you are involved in an accident, notify a member of staff immediately who will inform the most senior person on duty who will take the appropriate action.

As a visitor you should be expected to be welcomed and treated with courtesy and offered refreshment during your visit. If you have any matters you would like to raise please contact the most senior person on duty.

COMPLAINTS PROCEDURE

Newgrange Residential Home aims to provide the highest standards of care and commitment. However, should you have any cause for complaint we would wish to deal with this as a matter of immediate concern.

Please follow this procedure:

- Inform the senior carer/ Manager in charge of the shift, who will do all they can to help. If necessary, they will inform the Registered Manager.
- The Manager or her deputy will do everything within their capabilities should a resident or visitor have any cause to be dissatisfied.
- If the Manager cannot help, then the proprietor, Alex Macfarlane will be informed.
- Within 28 days of the date of the complaint being made, Alex Macfarlane will advise the complainant of the action (if any) to be taken.
- If a satisfactory outcome cannot be achieved then the complaint should be forwarded to:

The County Council's complaints procedure is available via the County Council's Adult Care Services Client Relations Section

Contact the Adult Care Services Complaints Team

Email: acs.complaints@hertfordshire.gov.uk

Telephone: 01992 556685

Telephone: 0300 123 4042

Contact the Public Health Complaints Team

Email: publichealth@hertfordshire.gov.uk

Telephone: 0300 123 4040

If you feel the concern has not been dealt with in a suitable manner, then CQC can be contacted.

CQC contact details

Telephone: 03000 616161

Fax: 03000 616171

The relevant care manager may also be contacted at any time during the complaint's procedure.

Our full complaints Policy is situated on the notice board in reception.

SAFEGUARDING

Newgrange has a policy procedure and practice for caring for Vulnerable Adults at Risk of Abuse or Neglect; Safeguarding Policy.

We also have the Herts County Council Safeguarding Policy printed and available for staff, residents and visitors of the home.

Please ask a member of staff, who will make both policies available for you. Safeguarding Policy is published in the staff room and in the main office.

This procedure should be followed:

When witnessing abuse

Having abuse reported to you

Reporting to person in charge/manager internally

Reporting externally, including notifications to CQC, Local Authority and CCG

Procedures and Policies in Place for this compliance are available on request:

- Staff Safeguarding Training
- Whistleblowing
- Code of Conduct
- Disciplinary Procedure
- Moving & Handling
- Equality and Diversity
- Care Planning
- Dignity and Respect
- Physical Intervention
- Handling Personal Finances and belongings
- Recruitment
- Challenging Behaviour

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

Of course, if you are that pleased, a letter to the Care Quality Commission Inspection is very welcome. The details to do online are as follows:

The Manager keeps a separate record of any compliments received. Copies of these are kept in a folder in reception for your perusal.

POLICY ON CARE PLANS

Person Centred 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. The objective of the care plan is to provide the best possible care outcomes for the Resident.

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 resident.

The Registered Manager and the Management Team are responsible for care planning and the on-going reviews and changes. To assist the Managers, the Team Leaders and Senior Care and Care Assistants are all trained in person centred Care Planning.

All trained staff

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 resident 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 Resident 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 team 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 on-going 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 resident and/or their representative.

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, GDPR, we have a policy 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.

From October 2018 we have fully reviewed and improved our person-centred care planning procedure and we are introducing a computerised system', which will fully address every need, risk and development of each resident, in order to promote the best possible level of care and quality of life.

POLICY ON PROMOTING INDEPENDENCE

We encourage those in our care to do as much for themselves as possible. Our role is to assist them with those things they are unable to or find difficult to do for themselves.

There is always the likelihood that a resident may come to rely on being cared for than is necessary and, therefore, becomes more dependent than they need which reduces their independence unnecessarily. This is important because we seek to promote and encourage independence as far as is reasonable to expect rather than unwittingly foster dependence.

From time to time we will have to accept varying degrees of risk for those in our care whilst exercising their independence and will note such circumstances in the care plan.

Adherence to the care plan is integral to promoting independence which includes

- What the resident can do for themselves
- What the resident cannot do for themselves
- Where the resident needs assistance
- How the resident needs assistance
- Where encouragement is necessary
- How that encouragement should be given

We know that a resident might be more 'independent' with one member of staff than another which indicates the ability of the resident to function for them if guided appropriately to do so.

Where a member of staff finds difficulty in aiding a resident in the way another member of staff does not have that difficulty, we identify the problem and train the member of staff to encourage the resident more effectively.

POLICY FOR ACCIDENT PROCEDURE

If an accident happens:

- Notify the most senior person on duty immediately
- The most senior person on duty takes charge
- Most senior person will summon appropriate assistance (first aid, ambulance etc.)
- Reassure the person(s) affected
- Most senior person will complete accident book
- If necessary, notify CQC
- Our team will act to prevent an occurrence, they will document and review

If the accident is by a resident:

- Notify relative etc.
- Our team will record it immediately in the care plan
- If relevant we will notify social services
- Our team will Document and Review

POLICY FOR 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 e.g. living in one's own home totally 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 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

POLICY FOR PRACTICAL PRIVACY

Staff must always knock on a resident's room doors and bathroom and toilet doors before entering or being invited to enter.

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

Residents have lockable facilities in their rooms.

Residents may have the private use of the telephone and Wi Fi in their room

Residents can eat and entertain privately as they so choose.

POLICY FOR DIGNITY

We recognise the importance of maintaining the uniqueness and character of each and every person in our care. 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 of 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 resident is an act of gross misconduct and may lead to dismissal.

POLICY FOR FIRST AID

This policy summarises the arrangements and measure for the management of First Aid in the home:

- ✓ It is the policy within the home that a trained First Aider is present on each staff shift.
- ✓ In the event of a resident or staff member sustaining slight injury as a result of an accident then minor First Aid treatment should be administered.

First Aid kits are available in the medicine cupboard, the upstairs and downstairs bathrooms and the kitchen.

- The contents of these kits will be checked on a monthly basis by the proprietor or manager and replenished as needed.
- All incidents requiring First Aid must be entered into the Accident Book.
- If immediate First Aid does not resolve the problem then the person concerned should be referred as follows:
 - Staff members and visitors – refer to the Accident & Emergency Department of the nearest hospital.
 - Resident – inform the resident's GP if hospital admission is imminent.
- Staff members who treat visitors must first obtain their consent and are reminded that they are professionally accountable for their own actions and are not acting for or on behalf of the home.
- DO NOT RESUSCITATE FORMS ARE IN PLACE
- STAFF ARE TRAINED IN BASIC FIRST AID AND ALSO A LARGE MAJORITY OF OUR TEAM HAVE ATTENDED APPOINTED 3 DAY FIRST AID COURSES.

Please Note the EMERGENCY FIRE PROCEDURE

**NEWGRANGE
EMERGENCY FIRE POLICY**

VISITORS - If you see a fire

1. Hit the nearest fire alarm
2. Make sure all doors close behind you
3. Do not use the Passenger lift. Take the stairs
4. Make your way to the Meeting Point - *Reception Area*
5. Leave the building by the front door (if possible) and wait at the Assembly Point in the Car Park Entrance

STAFF - If the fire Bell Goes Off

1. The person in charge (Fire Marshall) to check the Panel
2. 2 staff to Check the Zone
3. Call 999 - STATE CLEARLY
'FIRE NEWGRANGE CARE HOME, CADMORE LANE, EN8 9JX Telephone 01992642449'
4. Staff to meet at Meeting Point in Reception
5. Start to move Residents 2 fire Doors away from Seat of Fire (to the Next Compartment) Horizontally, Progressive Horizontal Evacuation (Only if it is safe to do so **DO NOT PUT YOURSELF AT RISK**)
6. Await the Fire Services at Meeting Point in Reception
7. Hand them MAP OF BUILDING, PEEPS, RED FIRE FOLDER
8. Open Front Door Key Pad Hit Green Button
9. Follow instructions from the Fire Service

KITCHEN and PLANT ROOM

ENSURE MAIN GAS VALVE IS TURNED OFF

**NEWGRANGE Fire Assembly Point is
In the Front Car Park Entrance**

FIRE SAFETY POLICY

Procedures are in place to minimise the risk of a fire igniting and we have a clear policy to react if a fire occurs in the home.

We recognise the need to protect our staff, our visitors and our vulnerable elderly residents.

We inform everyone who occupies or visits our home on admission or on entering the home of our emergency fire policy.

- No smoking, including e cigarettes is permitted inside the home and only in the outside designated area provided. We have a metal fire bin with sand to extinguish cigarettes. This is to respect human rights of those who we care for.
- Electrical equipment is routinely inspected and tested, including PAT Testing annually of all electrical appliances, Certificates are held on File. We hold Electrical and Gas Commissioning Certificates, which are regularly updated in accordance with regulations. Equipment such as hoists are serviced under contract.
- We have no multi-way block adaptors and staff are trained to observe and turn off switches and unplug plugs when not in use.
- Free standing heaters are not permitted.
- All Furnishings are fire resistant.
- Hallways, fire exits, all other exit routes are never to be obstructed.
- We are trained to empty waste bins regularly, into bins stored safely away from the home and emptied regularly by Broxbourne Council. Senior staff check storage cupboards weekly for unnecessary items in storage.
- We do not hold stock of unnecessary inflammables. There is a COSHH Cupboard on ground floor West side. COSHH Signage is on the door and it is kept locked. Small quantities are held. COSHH documents are on file. We have a metal cupboard for any small quantities of inflammable products.
- We must NEVER prop/wedge open doors (doors have automatic door closers and in the event of fire will close)
- We have a contract with a Pest Control Company who lay traps around the home.
- We carry out weekly and other periodic checks of fire systems, emergency lighting and have a dedicated Maintenance Contractor to supervise this.
- T & J Fire have provided all appropriate signage to alert people of fire exits, fire doors, escape routes etc. Fire Extinguishers are placed around the home and are inspected in accordance with regulations. Staff have received training in their usage.

- Staff are trained annually in Fire Safety and we have also a training program to include Fire Marshall Training. Each day there is a delegated Fire Marshall.

IN THE EVENT OF A FIRE

If you discover a fire, use the nearest “RED FIRE ALERT PAD” fire alarm to the location of the fire. Press the black button and the glass will rotate. This will automatically sound the fire alarm. Make sure all the doors are shut. All door closers will shut doors. Remove any ambulant Resident to at least two fire doors away from the fire and make sure they do not re-enter the area. Only if safe to do so. (Moving into the next Compartment)

Assess the risk of moving a resident. Never put yourself in danger.

You may only tackle a small fire, working in pairs, using the appropriate equipment, if it is safe to do so and you have had the appropriate training and are competent. Under no circumstances put yourself or others at risk.

If the fire alarm sounds, all members of staff are to congregate immediately at the front entrance, (Meeting Point). If you have to leave a Resident make sure they are safe, i.e. if in the process of being bathed, let the water out of the bath and cover the resident appropriately with a towel, in order that they do not get cold or are at risk of slipping, but do not stop to use the hoists etc. to remove them from the bath first. If attending to a Resident while they are in bed, replace the bed rails if appropriate and leave them covered and secure.

The person in charge or Fire Marshall (elected at the start of each shift) and one other member of staff to check panel in reception or on the first floor opposite Room 19. The Panels clearly show the Zone and Area or Room Number, for example Zone 1, Entrance Lobby. Check the zone. Take a mobile or phone handset.

There are clearly marked Zoning and Layout of Building Pictures by reception and on the first floor by the fire panel.

TO APPROACH A FIRE

Make sure all fire doors are shut or the home will quickly fill with smoke, obscuring vision and causing respiratory problems as well as encouraging spread of the fire and comprising safety.

If the fire is behind a closed door, you must never just go in. Look and smell for smoke, then feel bottom of the door, with back of hand, as per your training.

If the heat formed behind the door has built up enough to cause the lower part of the door to become heated (heat naturally rises), opening the door will cause flashover and rapid spread of the fire throughout other parts of the home and is extremely dangerous.

If the lower third of the door feels cool, repeat the procedure at the top third of the door. Remember to always use the back of your hand. If any part of the door is hot and you are testing with the palm of your hand or fingers you risk being burnt, thus rendering yourself injured and a liability to others.

If the top third of the door feels cool, then carefully test the handle of the door for heat, again using the back of your hand. If that feels cool then you may, carefully grasp the door handle and still crouching slowly and carefully open the door. Keep low and assess whether it is safe to enter the room. If the room is full of smoke do not enter the room. Close the door and carry on with the evacuation procedure as stated and as directed by the Person in Charge.

If there is little smoke, the fire is small and if you have been trained and are competent to use the appropriate equipment you may extinguish the fire. Remember you are not a trained firefighter, you have no equipment for safe rescue or apparatus to help you breathe in a smoke-filled room. Any heroics are more likely to put your life at risk and endanger the lives of others by spreading smoke and fire.

If a fire is real, the person in charge will dial 999, state "Fire at Newgrange and give full address "Cadmore Lane Cheshunt Herts EN8 9JX Tel: 01992642449 and Mobile No: of mobile phone being used at the time.

It is important to speak slowly and clearly and get the operator to repeat the name, address and telephone number so that there can be no mistake.

The person in Charge will delegate a member of staff to ensure that ALL ACCESS DOORS are unlocked. The front door has a green button to release. Other Emergency Exit Doors are around the ground floor; (lounge, hallways) Staff must be familiar with these exits as part of their training and daily walkabouts.

A senior person should be ready to meet the fire officer with the PEEPS and Layout of the Building in the Red Grab Fire Bag in Reception.

The Deputy Manager and Manager are also to be informed. Emergency Phone Numbers published.

The Person in Charge (Fire Marshall) will delegate a staff member to make a head count by referring to the Visitors and staff signing in registers.

You should take instruction from the Fire Officers.

PRIMARY EVACUATION

This is the immediate removal of residents from the site of the fire.

When a source of fire is discovered, all residents in the immediate vicinity must be moved as quickly as possible to at least two fire doors from the fire. If this puts staff at risk, then it must be left to the fire services.

All residents on either side of the fire, should be moved horizontally away from the fire to the next compartment.

The Person in Charge (Fire Marshall) will instruct all staff to work in pairs and follow the PRIMARY EVACUATION procedure as per your fire training. Moving Residents away from the fire, if possible and evacuating to the Assembly point if necessary. Assembly Point is at the entrance of the Car Park and signed.

SECONDARY EVACUATION

This is to take place if the fire shows signs of spreading and is unlikely to be easily extinguished.

The Person in Charge (Fire Marshall), in conjunction with the senior fire officer, should arrange for residents to be moved to one or two collection points. These collection points will depend on the site of the fire but must be near fire exits in case of the need for full evacuation. For example the lounge, the reception.

A head count should be made at the collection points.

FULL EVACUATION

In the unlikely event of a full evacuation, the following procedure should be followed:

All residents and staff to gather at FRONT CAR PARK ENTRANCE - FIRE ASSEMBLY POINT

GRAB RED FIRE GRAB BAG/FOLDER in Manager's Office

ARRANGE FOR MEDICATION TROLLEYS TO BE SAVED and EVACUATED (ONLY IF THIS WILL NOT PUT YOU AT RISK)

Never use the lift to evacuate Residents or other personnel (if the lift fails then you will be trapped). Never use the stairlift to evacuate.

Evacuation Mattresses are easily accessible at the top of all 4 staircases. Evacuate residents, as per your training from the first floor, if necessary and if safe to do so. NEVER PUT YOURSELF AT RISK. Certain high dependant residents may have drag mats in their rooms to assist in moving quickly.

Follow horizontal and safe evacuation of Residents and following Newgrange policy is of paramount importance but only if safe to do so.

If a full evacuation is necessary, work with the fire officers, they are trained to evacuate in the event of a fire.

This is why it is vitally important that you read, learn and understand the policies and procedures that are in place.

Staff attend regular Fire Safety Training as arranged by the Management. Staff must understand the induction training provided by Newgrange in respect of the procedure in the event of a fire, the Fire Panel and Fire Equipment within the home. Staff must participate in the practical evacuation training provided.

WEEKLY FUNCTIONAL TESTS

A Weekly test must be carried out by a responsible person, (Maintenance Contractor). To assist with this test a white isolation key has been provided. One key is on the main set held by person in charge, one with the Maintenance contractor and the other on the master key for Managers only. Proceed with fire alarm test and upon completion of test ensure key switch is returned to normal position and the glass is straight, no buzzer or lamp indication.

A Schedule is in place to check a different call point on each test.

On each test ensure that ALL Sounders are functioning and ALL doors have closed.

EMERGENCY GAS SHUT OFF POSITIONS ARE IN THREE PLACES AROUND OUR PREMISES:

Staff are aware of these to inform Fire Officers to Turn Off in the Event of a Fire

In The Kitchen

In the Linen Cupboard (Next to Laundry)

In The Plant Room (Green Button inside door to the left) PRESS

Signed as Received Read and Understood Statement of Purpose, including Fire Emergency and Evacuation Procedure

Name

Signature

Resident’s Name

Date