



THE ROYAL BRITISH LEGION
HALSEY HOUSE

STATEMENT
OF
PURPOSE

THE ROYAL BRITISH LEGION HALSEY HOUSE

Norwich Road
Cromer
NR27 0BA

Tel: 01263 512178

This Statement of Purpose (SOP):

- is prepared as a legal requirement of statute in accordance with:
s22, Care Standards Act 2000;
Regulations 4, 16,23 and Schedule 1, Care Homes Regulations 2001
- defines those people for whom Halsey House expects to care
- sets out the objectives of the service
- identifies the facilities and services that are available to service users
- should be read in conjunction with contracts of terms and conditions of admission

Date of last revision: APRIL 2009

We strive to deliver a high quality service that meets the needs and aspirations of all service users. These needs and aspirations vary between individuals and as a consequence the level of service delivery will differ according to individual requirements, identified need and package of care.

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INTRODUCTION

The Royal British Legion is a Registered Charity. It was founded in 1921 and was incorporated under Royal Charter in 1925. Its mission is:

“To safeguard the welfare, interests and memory of those who are serving or who have served in the Armed Forces”.

To achieve this mission, The Royal British Legion adopts the following values:

- Reflection - Through Remembrance of past sacrifice in the cause of freedom
- Hope - By remembering the past, a younger generation has the chance of a better future
- Comradeship - Through shared experience and mutual support
- Selflessness - By putting others first
- Service - To those in need and in support of the whole community

These values underpin the work of The Royal British Legion whose objects established under Royal Charter are:

- (a) to relieve need and to further the education of beneficiaries and their spouses, children and dependants;
- (b) to relieve need and protect the mental and emotional health of the spouses, children and dependants left by those beneficiaries who have died;
- (c) to relieve suffering, hardship and distress to spouses, children and dependants caused by the absence of those serving in the Royal Navy, Army and Royal Air Force on Regular, Reserve or Auxiliary engagements;
- (d) to promote and support schemes for the resettlement, rehabilitation, retraining and sheltered employment, of beneficiaries and their spouses, children and dependants;
- (e) to promote public benefit by the commemoration of those who have died whilst on active service with the Armed Forces of the United Kingdom.

The Royal British Legion has over 450,000 members who actively contribute to achieving it's mission. However, articles incorporated under Royal Charter enables the charity to provide services, advice, and support to millions of beneficiaries in the UK and abroad. Eligibility for assistance is summarised as follows:

- Any man or woman over the age of 16 years currently serving in any of the Regular, Reserve or Auxilliary Armed Services and has received 7 days pay
- Any man or woman over the age of 16 years who is no longer serving in any of the Regular, Reserve or Auxilliary Armed Services and received 7 days pay
- any man or woman who served with the Mercantile Marine afloat in hostile waters, or as a full-time member of Allied Civil Police Forces, or who is entitled to the campaign medal issued by the Royal Navy, Army or Royal Air Force to those giving them direct support or under their command;
- Members of Voluntary Aid Societies who served full time and in uniform in support of UK Armed Forces
- any British subject (whether by birth or otherwise) who has, during hostilities in which the United Kingdom Armed Forces were engaged, served at least 7 days in the Forces of an Allied nation and received 7 days' pay from that nation; or a resistance organisation of an Allied nation.
- Any man who served in the Home Guard for 6 months, or Bomb and Mine Disposal Unit for 3 months or was awarded the Defence Medal for their services

Eligibility as a beneficiary also includes the children, spouses and dependants of the above:

Child: any child who is financially dependent or dependent for care on a beneficiary or spouse.

Dependants: any person who is financially dependent or dependent for care on a beneficiary or spouse, or any person on whom a beneficiary is dependent for care.

Spouse: any partner of a beneficiary by marriage, civil partnership, or cohabitating relationship, those who are divorced or separated partners or widows or widowers of a beneficiary, and those surviving a deceased civil partner or cohabitating partner who was a beneficiary.

Care homes are one of many varied services that come under the umbrella of The Royal British Legion's Welfare division. From its base in London, it has a significant responsibility in delivering the charity's mission and leads thousands of paid staff and volunteers across the UK and abroad to achieve the Welfare division's strategic objectives. In undertaking continuous review, evaluation and development of services it has a strong lobbying voice in Parliament and has recently published a series of reports to inform development that were the result of a national welfare needs survey.

The first Royal British Legion care home was established in 1925 to meet the long term nursing needs of ex-service personnel. Since then, the number has grown to seven, and each provides flexible services for eligible persons relating to age, disability or ill health where their needs can no longer be appropriately met in their own homes. Care home services, resources and facilities are continuously reviewed to enhance quality of life for the ex-service community in what is now affectionately termed The Royal British Legion's "Poppy Homes".

PROVIDER DETAILS

Responsible Individual:

Laura Morton RGN
Acting Head of Homes
Welfare Division

Address:

The Royal British Legion
199 Borough High Street
London
SE1 1AA

Registered Charity Number: 219279

Telephone:

020 7973 7399

Email:

lmorton@britishlegion.org.uk

Laura previously held the role of Operations Manager for Poppy Homes North and West. She is a Registered Nurse and has many years of experience working with older people, including dementia care and services for the visually impaired, in both the private and charitable sectors.

PHILOSOPHY AND VALUES

Halsey House was established in 1948 and is undergoing extensive refurbishment. Halsey House currently provides services for 89 persons.

We embrace a set of core values that inform every aspect of our service delivery:

Quality of care and service delivery to the highest standards

Respect for each person as an individual with their own beliefs, values and culture

Dignity protection in the environment and delivery of care

Privacy in personal space and for personal transactions

Rights of continued citizenship and consultation

Choice in daily routines and activities

Fulfilment of mind, body and spirit

Independence maintained to maximum potential both physically and mentally

Inclusive and participatory presence in wider local community

Security of a safe and supportive environment

Fairness and transparency in all of our business

In order to measure our success in meeting service user needs, we have established clear aims and objectives for service delivery that incorporate our values.

Aims

- To provide for the most frail and vulnerable persons care and services to a standard of excellence that are safe, sound, supportive and inclusive and respects each person's values relating to religion, culture, race or ethnic origin, gender, sexual orientation, disability, political affiliation, or service record
- To foster friendships and camaraderie of group living, facilitate spiritual support, and uphold the rights and privacy of individuals
- To meet legislative requirements and strive to exceed the recommendations of national minimum standards for care homes
- To represent and support the work of The Royal British Legion in the local community and the Welfare Division's strategic objectives

Objectives

1. To foster a mutually inclusive and non-discriminatory culture based on trust and the shared values, respect and aspirations of all those who live and work in Halsey House
2. To provide personal and social care to a standard of excellence that is sensitive to the wishes and feelings of the service user
3. To provide skilled nursing care that embraces the principles of clinical effectiveness and professional codes of conduct
4. To consult and involve service users or their representatives in identifying need, determining services and understanding Halsey House terms and conditions
5. To consult service users or their representatives in agreeing and reviewing a person centred plan of care reflecting need, choice and personal aspirations
6. To provide a stimulating, and therapeutic programme of social and leisure activity that reflects interests, choice and abilities
7. To provide a quality dining experience reflecting a varied and nutritious menu of choice
8. To maintain service user access to a range of NHS and Local Authority services
9. To effectively manage complaints and actively involve service users and stakeholders in service improvement and development
10. To effectively manage enquiries to enable potential service users, representatives and stakeholders to make informed choices about the suitability of Halsey House to meet their existing and future needs
11. To foster links and partnerships with the local community, volunteers, and to facilitate continued involvement of service users with membership or voluntary organisations
12. To provide an efficient range of services on a day care basis to support service users and their carers to continue to live in their own homes
13. To develop a person centred approach to the delivery of care and services for the person living with dementia that values each service user as a unique individual
14. To provide skilled and compassionate care and support for service users and their families that reflects the wishes of service users at the end of life
15. To provide a high quality living environment that satisfies the needs and taste of service users; is comfortable, safe, clean and maintained to the highest standard

16. To maintain a risk management framework that provides an environment and care practices that reflect personal choice and protects the safety and welfare of service users, visitors and staff
17. To recruit and train a workforce who support the philosophy, aims and values of The Royal British Legion and Halsey House, providing staff in sufficient numbers and relevant skills throughout each day to effectively meet the needs of service users
18. To support and consult staff to achieve the objectives of Halsey House and continued service development
19. To effectively maintain documents and correspondence relevant to each service user's care respecting confidentiality and accessibility
20. To manage services efficiently and effectively and make the best use of available resources
21. To implement a quality assurance system to assess service user satisfaction, measure outcomes against objectives of service, and inform continuous development plans

LOCATION

Halsey House is situated in Cromer half a mile from the town centre on the beautiful North Norfolk Coast and is approximately 20 miles from the city of Norwich. This Grand Old Georgian House was built in 1901 and was known as the Red House and was the home of The Barrett-Leyland family. The Legion purchased the building in 1947 and named “ Halsey House “ after Admiral Sir Lionel Halsey G.C.M.G, G.C.V.O.,K.C.I.E.,C.B. President of The Eastern Area and attributed to his long association with the Legion’s Benevolent work.

Cromer can be accessed by Rail, Bus or Car with a bus route passing the Home and the railway station 15 minutes walk away.

There is limited parking within the grounds of Halsey House, but outside road parking is available.

FACILITIES

Halsey House provides a variety of private and communal facilities. There are currently 87 rooms in total, two of which are double rooms.

Halsey House is currently undergoing a major refurbishment to provide a high quality living environment.

- A newly built dementia care unit provides 16 single en suite rooms all on ground floor the average size of the bedroom area being 16 sq m.
- All rooms are equipped with wardrobe, desk, drawers, bedside cabinet, armchair and stool, and variable height beds.
- All rooms have T.V points and telephone points for own telephone line/computer.
- All are equipped with a nurse call system.

Additional shared areas include:

- T.V. Lounge,
- Quiet Lounge,
- Activities Room,
- Dining Room,
- Residents Rehabilitation Kitchen and Dining Area,
- Tranquil Room,
- Two Fully Equipped Assisted Bathrooms one with shower
- Two Assisted toilets
- A fully secure and easily accessible landscaped courtyard garden and surrounding garden area.

Dementia Care services are not currently provided but will be delivered upon completion of the refurbishment. This unit is currently used to provide Nursing care services until the remaining refurbishment is completed and residents can be relocated to the new Nursing wing.

The Main building comprises two floors with three passenger lifts providing access to upper floors

All bedrooms have telephone and TV points and Nurse call systems

All bedrooms are an average minimum size of 16 sq m. En suite facilities are not available until the refurbishment completion.

Additional communal areas include:

- 6 assisted bathrooms, 1 with shower, and 7 assisted WCs
- 2 quiet Communal Lounges (No T.V) and 5 Communal Lounges with T.V,
- Tea Bar for residents use
- A conservatory link with lounge area
- A well stocked Library
- A licensed Bar/ Lounge area including a Tea Bar facility for residents use
- Activities Room
- A main Dining Room
- A conservatory which incorporates our Day Service
- Incorporated facilities also include hairdressing/Barber Room, Physiotherapy Room.

Mayes Wing situated in the original part of the house comprises of two floors with a passenger lift and staircase.

- There are 11 En-Suite Rooms with showers two of which are double
- Two assisted bathrooms
- Two assisted WC's.
- All rooms have T.V and Telephone points.

There are no facilities for residents to undertake their own laundering or ironing.

SERVICES

Nursing and personal care is provided according to needs assessment and agreed plan of care.

The services that compliment and support direct care include:

Housekeeping

All Rooms and Communal areas are cleaned daily. Laundry Services are provided daily for all linen, towels and personal clothing. Dry Cleaning can be arranged at Residents own expense. Residents may use hand iron on completion of a risk assessment to ensure their safety.

Catering

Our experienced catering department provides a choice of meals from our menu. Alternatives can be provided as requested. Specialised dietary requirements and preferences are met as requested. Drinks are provided routinely throughout the day. There are cold water dispensers throughout the home and a drinks machine available in the bar/Lounge area. Friends and relatives are welcome to dine with service users at minimal additional cost. Anniversaries and special occasions are celebrated.

Maintenance

A programme of safety checks, repairs, redecoration is undertaken by our maintenance personnel. Equipment and systems maintenance and health and safety audit is conducted at intervals throughout the year via external contractors.

Hairdressing

A private ladies Hairdresser visits the home two days a week with advanced appointments made. A private gentlemen's Barber visits the home fortnightly no appointments required. Charges are set by the hairdresser and barber and residents are required to pay each directly for any service received.

Representation

There is a firm of Solicitors that can be accessed locally if representation for residents is required. Details available from reception.

NHS/LA services

- General medical services are provided by a local G.P Practice. Residents are registered with the G.P allocated to the home and either they or a partner visits the home on a regular weekly basis and as required for emergencies. There is an out of hours emergency service covered by Medicom. Appointments may be requested to visit the GP at their practice if residents prefer.
- District Nurses are accessed via the G.P Practice and visit as required.
- Wheelchair Services can be accessed either via the Occupational Therapist or by referral from the G.P / Nursing Team.
- A private Physiotherapist and Occupational Therapist visits the home on a weekly basis for 6 hours a week. This can be accessed by any resident following assessment. There is no charge for this service as it is funded through the Amenities fund, managed by the House Amenity Committee (HAC).
- A private Chiropodist visits fortnightly an appointments made on a rolling basis. Charges are levied by the practitioner and paid for by the homes HAC as above. On admission Residents are automatically referred to the chiropodist and can expect a regular visit unless the resident requests otherwise i.e. they wish to continue using their current chiropodist. If this is the case the resident is responsible for the funding of their private treatment.
- NHS/Private Dental Treatment is accessed locally or by Community Dentist. There is a wait for Community Dentist appointments but these can be arranged by the staff. Our nearest Community Dentist is located in Norwich. There is a charge for treatments unless treatment falls under NHS criteria.
- Optical Services are available locally and visits can be made to the home on request to them.
- All continence assessments and continence products are accessed via the Community Continence Team who visit the home regularly or as required.
- Additional NHS services include dietician, speech and language therapist, psychiatric services. Visits are made to the home via GP referral as needed.
- Local authority care managers and Primary Care Team (PCT) Nurses arrange their own visits to review care packages as determined by contract or funding. Halsey House will arrange additional or new visits as requested or as need dictates.

Transport and escorts

Halsey House has it's own transport, insured equipped and maintained to carry disabled passengers. Whilst we endeavour to provide transport and an escort for hospital or clinic appointments whenever required, it cannot always be guaranteed and is subject to availability and level of need. Relatives and friends are therefore requested to assist

wherever possible in the provision of transport and escort to medical appointments or personal social outings.

REGISTERED MANAGER

Ms Sally Mills RGN

Specialist Qualifications: Registered Manager Award, NVQ Level 4 in Care Management. NVQ Assessors Award.

Experience: Matron/Manager of Halsey House since 2005, prior to which held the role of Deputy Manager of the home for 3 years. Originally employed as Registered Nurse at Halsey House, and in total has worked for the Royal British Legion for 20 years.

Responsibilities: Responsible for all aspects of the day to day running of the home, for service user care and well being, for staff training and development, for the budgeting and running costs of the home and for the future development of the home and its services, and ensuring the service provision meets all statutory requirements.

The registered manager is supported by a senior operational manager and other personnel from TRBL's administrative headquarters in London.

During any absence of the registered manager, the person with day to day responsibility for the running of the home is:

Mrs Ann Hall-Galley RGN, Head of Care

STAFF

Halsey House employs a total of 75 staff. Each department has defined responsibilities in relation to service provision and the smooth running of the home. Each department has a head of department who is directly responsible to the registered home manager.

Nursing and Personal Care:

Head of Care: Mrs Ann Hall-Galley RGN

Previous Experience: In Charge of a busy Ophthalmic Clinic in the NHS which included Day Surgery Procedures.

Current Responsibilities: Responsible for nursing and care teams and promoting optimal standards of care and professional practice to enhance the holistic needs of residents. Support and deputise for the Manager in her absence.

Registered Nurses: 8 in total. One Registered Nurse takes charge of each of the three shifts during the 24 hour period 7 days a week.

Responsibilities: To promote through the care team a stimulating and caring environment, deliver skilled nursing care and maintain high standards of professional practice and ensure residents receive care appropriate to their individual needs.

Care Assistants: 32 in total

Qualifications: 27 NVQ level 2 in Health and Social Care, 11 NVQ 3 in Health and Social Care (Includes care assistants who hold both Level 2 and 3 qualification).

Responsibilities: To work as a team member delivering care and services that meets the holistic needs of residents respecting privacy and dignity of the individual and promotes independence.

Team Leaders: 6 in total all experienced Care Assistants qualified to NVQ Level 3 and all have completed Competencies to reach the required standard.

Responsibilities: To supervise care staff on shift and support the Nursing Team.

A Named Nurse and Key worker is allocated to each Resident after admission to provide individual support and initial advice.

Staffing levels and skill mix at each of the 3 shifts per day are calculated and planned in relation to the number and needs of service users at that time and the layout of the building. These are continuously reviewed by the registered manager who is advised by the head of care.

Day Care Services

Dedicated day care services with a dedicated staff team are provided at Halsey House in addition to long term and respite care.

Team Leader: Mrs Julie Fields NVQ Level 3

Responsibilities: To co-ordinate the Day Care facilities for all Clients attending and thereby promote physical, intellectual and Social well being to an optimal level.

Care Assistants: 1 Full time 1 part Time

Qualifications: NVQ Level 2 in Health and Social Care

Responsibilities: To work as a Team member and participate and assist in the programme of Activity/Care for the Day Care Clients

Catering

Head of Department (HOD): John Pickering Catering Manager

Qualifications: City & Guilds 706/1 and 706/2 in Catering Intermediate Food Hygiene Certificate and Advanced Food Hygiene Diploma Basic Business Studies

No of Staff: 1 Cook Supervisor, 1 Cook, 1 Dining Room Supervisor, 7 Dining Room Assistants.

Hours : 7am-6pm

Responsibilities: Manage the Catering Services and Team within the home, maintaining a high standard of food provision and service to Residents, Staff and Visitors.

Housekeeping

HOD: Claire Claxton

No. of staff: 9

Hours: Covering from 7am-4.30pm Mon-Sat 7am-1pm Sat & Sun

Experience: Has worked as part of the Domestic Team for fifteen years, as a HOD for ten years.

Responsibilities: To supervise all staff undertaking Domestic and Laundry duties, ensure high standards of cleanliness in all areas of the home , work within the constraints of a budget and statutory health and safety requirements.

Maintenance

1 Maintenance Person

1 Driver

Hours: Mon-Fri 8.30am-5pm

The team undertakes general day to day maintenance in support within the interior and external environment ensuring it is safe and fit for purpose.

Administration

HOD : Jane Parkin Home Administrator

1 Receptionist

Hours: Mon-Fri 9am-5pm

Experience ; Has worked in the home for 15 years

Responsibilities: To provide confidential clerical, administration and accounting support to the Matron Manager in all aspects of the running of the home.

Recruitment procedures for suitability for employment with TRBL follows statutory requirements including Criminal Records Bureau checks.

Newly recruited staff follow an induction programme until competence and confidence is assured.

Staff from all departments access continuous training and development relevant to their area of practice, statutory requirements and the values and ethos of TRBL via TRBL training department and external sources.

All care staff are encouraged and supported to undertake National Vocational Qualifications in Care

Staff from all departments are subject to appraisal on an annual basis. Nursing and care staff are further supported via continuous personal supervision.

Disciplinary processes are implemented where performance or behaviour deficits are identified.

Volunteers

Five volunteers are currently engaged at Halsey House. Volunteers help with social and leisure activities on a group or individual basis take residents out for walks in the garden, assist on outings, assist in the shop. Volunteers are recruited in the same robust way as employees. Their work is supervised by the Activities Co-ordinator.

HOUSE AMENITIES COMMITTEE (HAC)

Chairman: Mr Mike English

There are 12 House Amenity Committee Members all voluntary individuals who play a valuable role by acting as a link between Royal British Legion Branches, their membership, the local Community and Halsey House, to raise and distribute monies for the benefit of Residents in the home in accordance with the House Amenity Budget.

There are 4 meetings held a year at the home. One member chairs the Residents meetings and is able to put forward Residents Views. Staff are invited to attend if required. The Matron Manager reports on relevant issues.

Minutes are taken and issued to relevant individuals. The minutes are distributed to The Welfare Director, Head Of Homes, Operational Manager in accordance to the HAC Terms of Reference and a copy of the minutes are kept in the Homes Library for Residents and Staff to access.

ORGANISATIONAL STRUCTURE

See Appendix 2

REGISTRATION

Halsey House is registered with the Commission for Social Care Inspection (CSCI) to provide nursing and personal care on a long or short term basis for men and women over the age of sixty five (65) years whose needs are primarily associated with frailty, disability or ill health. Halsey House does not currently provide services for persons whose primary need is related to a functional or organic mental health diagnosis. Dementia care services will be provided in full at the completion of the refurbishment programme. Halsey House is further registered to provide limited specialist care services . The home is registered for a maximum occupancy of 89 persons. The breakdown of registration categories is:

Nursing care	30
Personal care	43
Dementia (personal care)	16

Day Care Services

Halsey House provides a dedicated day care service for up to 10 Clients per day Monday to Friday. Admission Criteria is the same for permanent care. All clients undergo assessment for personal and social care according to need and choice. Travel is provided up to a 6 mile radius of the home.

Services provided: A range of group and individual Activities, Personal Care, Lunch, Travel, Coach Outings and Social Events.

ADMISSION CRITERIA

Admission to Halsey House is exclusive to ex-service personnel and their dependants as determined by Royal Charter and detailed in the introduction to this SOP.

Enquiries are accepted from Individuals, families, Social Services, County Field Office and Caseworkers.

Service record is confirmed either by service documentation, Photographs or by confirmation of service particulars from Ministry of Defence.

A needs assessment will take place prior to admission conducted by either the Matron/Manager or the Head of Care. This will determine the level of care required and ensure that the home is able to meet the care needs. The needs assessment will be carried out in partnership with the prospective service user and/or their representative, and any other health or social care professional involved in their care at that time.

Following confirmation of eligibility, and determining that Halsey House can appropriately meet an individual's needs, admission is confirmed by letter. Terms and conditions of admission are issued which includes details about fees. A Service User Guide is further issued which provides general information about the Home.

Emergency Admission

Halsey House aims at all times to implement the above planned procedure for all persons seeking admission to the Home. In exceptional circumstances, and dependent upon information and bed availability, emergency admissions may be considered. In such circumstances a full assessment of need will take place within 24 hours of admission and a review will take place at 5 days following admission. At this point, the continuance of residence will be decided by the registered manager having regard to full

information about needs and eligibility of the service user, availability of relevant personnel and stakeholders, and the views of the service user.

CARE PLANNING

All service users have a comprehensive plan to meet care needs. The comprehensive needs assessment provides a basic plan of care for admission to meet immediate needs. Within the first few days following admission, the named nurse or key worker will complete or update further safety and health risk assessments. Over the next three weeks in partnership with the service user and/or their representative (according to choice or capacity), the named nurse or key worker will complete comprehensive person centred assessments to devise an agreed plan to direct care that reflects the unique physical, psychological and social needs, choices and values of each individual. Where it is difficult because of service user capacity and availability of family or friends to gather such information, the process may take longer and may be based on prior knowledge or observation of the resident and their history. This person centred care plan format has been developed by The Royal British Legion in partnership with Bradford University and is introduced gradually during 2009. The plan of care will be evaluated and reviewed by named staff monthly. The service user and/or their representative will be invited to participate in a full review of the plan of care on an annual basis.

The choices and rights of service users are respected when planning care. However, these choices may involve an element of risk. Halsey House has a duty to protect service users from any action that may put themselves or others at risk of harm whilst remaining committed to promoting choice and independence and upholding individual's rights. In these circumstances, a compromise will be sought but the Matron Manager's decision will be final.

ACCESS TO HEALTH RECORDS

Adopting a person centred philosophy extends to resident access to their care plans. To these ends The Royal British Legion has supplied all residents rooms with a digital locked storage box that meets Data Protection requirements whilst enabling those residents, who wish to and are able to, to have continuous access to their care plan. This automatic right of access does not extend to representatives of the service user, unless it is with the service user's consent. However, an application to view the care plan of a service user who does not have capacity to consent may be made to the Matron Manager by the resident's representatives. Access may be granted provided the reason for access is justifiable.

In order to record the monitoring and delivery of care to meet each service user's needs, the care plan must remain accessible to personnel of Halsey House involved in the delivery of care. Should a service user not wish to be disturbed at night by staff wishing to write in the care plan, their request is respected within reason. Further access may be needed from time to time by relevant stakeholders including GP, District Nurse, or other allied health and social care professionals involved in caring for the service user.

Access to records written by health and social care professionals other than those employed by The Royal British Legion may be granted following application to the relevant NHS service or Local Authority using their advised protocols.

CONFIDENTIALITY

All personnel at Halsey House are instructed in maintaining confidentiality. All personal records are stored securely and confidentially, and access granted only to relevant personnel. All personnel are instructed to disclose to a senior person any information told to them in confidence if they feel that information indicates an individual is at risk.

SOCIAL ACTIVITIES, HOBBIES AND INTERESTS

There is an Activities Co-ordinator employed at the home who is responsible for planning leisure and social events in partnership with residents. A planned week of activities is displayed on the Notice Board for group participation and individuals are provided and assisted with an activity of their choice. There is morning and afternoon activity with occasional events in the evening for those who prefer. All residents have a social Care Plan to enable residents with special interests or hobbies to pursue this as able. There are extensive trips out in our own Mini-Bus and Coach with residents being involved in the decision making and choice of venues. All trips are planned to include those residents with disabilities. We have links with The local Stroke Club, Blind Club all of which residents can access and attend if they choose. A Mobile Library visits monthly. The Salvation Army also visit the home regularly to socialise with residents.

RESIDENT CONSULTATION AND QUALITY ASSURANCE

A Residents meeting is conducted monthly and chaired by a member of The House Amenity Committee. Meetings are open to all residents. A Resident chairman is elected by the residents themselves. Their role is to actively encourage residents to attend and convey any issues brought to their attention by residents and conduct the meeting in an orderly manner. The meeting is advertised in advance on the Notice Board and all residents are reminded on the day and asked if they would like to attend. It is an informal Agenda with HOD's invited along to answer and act upon any issues that arise. The Minutes of the meeting are put in the library for all to access. Residents are fully informed by the Matron Manager of any operational changes within the home at these meetings. Relatives are informed by letter for those residents who do not have the capacity to be involved. A Newsletter is produced quarterly, with articles being submitted by residents and staff and produced by the Matron Manager and clerical assistant.

The Royal British Legion Care Services Department implemented a Quality Assurance System in January 2008. This involves the collection and analysis of information about our care and services over the course of each year. Information is collected via

questionnaire and interview surveys of residents, relatives and representatives, visiting health and social care professionals, and staff. The purpose of quality assurance is to continuously improve the quality of our care and services based on survey feedback, and additional evidence collected via systems and practice compliance audits conducted periodically throughout the year. A quality assurance report, containing our improvement plans for the coming year, is produced each July and is disseminated to our service users. We are also required by statutory legislation to provide information about our quality assurance and quality improvement activities to CSCI on an annual basis to enable them to determine our statutory quality rating.

FIRE PRECAUTIONS AND EMERGENCY PROCEDURES

The Home is equipped with sensors, alarms, self closing retaining doors, emergency lighting and fire fighting equipment. The alarm is tested weekly, and systems and equipment checked and serviced annually under contract. All fire exits and fire doors are clearly marked and instructions in the event of fire posted in all rooms. Fire safety training is provided to personnel twice per year.

All catering personnel access food hygiene training and the kitchen area is subject to independent and statutory inspection.

All personnel access Control of Infection training annually and universal precautions are adopted throughout the Home.

All personnel access first aid training annually. Any person sustaining an accident is attended to by an appropriately qualified member of staff. Further review by a GP or transfer to hospital is undertaken where an injury is considered to require medical attention.

Instructions in the case of lift breakdown are posted inside the passenger lift. An emergency call out service is available to Halsey House.

ARRANGEMENTS FOR ATTENDING RELIGIOUS SERVICES OF CHOICE

Halsey House has a beautiful Chapel which is accessible at any time on request. A service is held on the first Sunday in the month or at any other time on request. Those wishing to take Communion can do so. The Services are mainly led by the Methodist Minister with other Denominations occasionally taking part.

The Methodist Minister visits the home regularly in between services and is contactable at any time to any resident who requests to see him.

All other denominational representatives are contactable and telephone numbers are available on request. Residents may attend local churches as they wish but are required to make their own travelling arrangements.

VISITING ARRANGEMENTS AND BEHAVIOUR OF VISITORS

There is no restriction to visiting but we request sensitivity to residents needs at meal times. All visitors must sign in and wear a visitor's badge. Entry into the building can

only be made by reception/ staff on duty. Front entrance only. After 8.30pm visitors must request admission to the Home staff manned access.

There is CCTV Camera's surrounding the building and at the entrance to Halsey House only.

There is a Post Box inside the building for residents to post mail. Key workers assist residents to maintain contact with relatives/friends via various communication methods of the resident's choosing.

We have no accommodation available for visitors but can recommend B&B facilities locally. The refurbishment programme includes the future provision of guest room to facilitate overnight stay during emergencies/ illness of residents.

The Royal British Legion has a duty to safeguard the welfare of its employees in the course of carrying out their duties. We expect that visitors, whether related to the resident or representing them, will respect our employees during their visits. Abuse, harassment, unreasonable or offensive behaviour will not be tolerated and visitors may be asked to leave in such circumstances.

Visitors who are unhappy with level or quality of care or service or staff performance may make an appointment to discuss the issue with the Matron Manager. Alternatively they are welcome to access the complaint procedure to investigate and resolve the matter to their satisfaction. Further, appropriate family members or nominated representatives are invited to participate in care reviews, with resident consent or on behalf of residents where applicable, to ensure the best possible care is delivered to their satisfaction.

However, continued unreasonable visitor requests or behaviour may lead to a multidisciplinary review of the resident's placement (where applicable) or ultimately lead to notice being issued if it is clear following all evidenced efforts that we are unable to satisfy demands or unwilling to tolerate unreasonable behaviour.

COMPLAINTS

Halsey House endeavours to ensure the highest level of satisfaction and comfort for service users. To those ends, comments and complaints are embraced and taken seriously no matter how small.

In the first instance, the service user should approach any member of staff they feel may be able to address their complaint or concern. If they are dissatisfied with the response, the service user should approach the registered manager who will deal with the issue accordingly.

The service user may at any time make a more formal complaint in writing to the registered manager. A written response will be returned within seven days, and the registered manager will endeavour to investigate and conclude the matter to the service user's satisfaction within 28 days.

Should the service user remain dissatisfied, they may formally complain in writing to the Head of Care Services. However, the service user has the right at any time to complain directly to the Head of Care Services. Alternatively, a complaint may be made directly to CSCI or any authority who funds the care package.

The Home keeps a record of all complaints in order to continuously improve service.

The Home's complaint procedure and relevant contacts are attached as Appendix 1.

THERAPEUTIC TECHNIQUES

The home provides access to a physiotherapist and occupational Therapist for 6 hrs a week as previously described. This is on assessment basis with any treatment directions carried out by staff. All residents are referred via the Nursing team with documentation and instructions recorded in the Plan of Care.

These Allied Health Professionals are screened following the normal recruitment procedure

PRIVACY AND DIGNITY

Staff are instructed in preserving and respecting the privacy and dignity of service users. This includes, but not exclusively, addressing individuals by their name of choice, knocking on doors before entering, promoting and supporting rights and choices, sensitivity during delivery of personal care, respecting personal relationships and the service user's room as their own personal space reflecting their personality. Service users may access a key to their room, however it should be noted that staff have access to a master key for safety reasons.

The adoption of person centred care planning is central to the ethos that every service user is an individual with their own beliefs and values. Equally, The Royal British Legion expects that each service user respects other residents and staff who together make up the community of Halsey House.

MENTAL CAPACITY and ADVANCED CARE PLANNING

Following introduction in 2007, Halsey House complies with the Mental Capacity Act 2005 by conducting its care and services with regard to the rights of residents to make their own decisions on a day to day basis. Halsey House will uphold this right even if cognitive abilities are compromised through illness, injury or disease by assessing a resident's mental capacity at the time the decision is being made. By applying this principle, Halsey House recognises that residents' decision making ability may fluctuate, and that capacity may be compromised when making some decisions but not others. Where mental capacity is judged to be impaired, or where a resident's decision is judged to place their welfare at risk, Halsey House will provide via the person centred care plan the documentary evidence that confirms, in language and format understood and agreed by the resident (where able) that:

- In making a decision it is evidenced that the resident has capacity unless it is established that they do not
- That the resident has been provided with all assistance to help them make that decision in a format acceptable to them and is understood by them
- That they have been able to retain the information long enough to be able to make a decision
- That they have been able to weigh up the information to come to a decision
- That they have been able to communicate their decision
- Whether any assistance provided to the resident has been successful or not
- That any resident decision perceived as unwise by staff is supported by evidence that confirms the resident understands the consequences of their decision and whether following evidence of information, advice, or mediation they maintain that decision

- That any decisions made by staff on behalf of a resident who lacks capacity is made in their best interests, justified through comprehensive evidence including consultation with representatives (formal or informal) or health and social care professionals where appropriate

Halsey House recognises the powers and responsibilities of attorneys and appointed representatives and will consult them and work with them in a resident's best interests. Copies of certificates are requested on admission for proof of registration with the Office of the Public Guardian. Matron Managers will refer to statutory agencies should Halsey House staff at any time have concerns about the conduct of attorneys or representatives.

Halsey House recognises the rights of residents to engage in lifestyle activities and demand or refuse care or treatment according to their choice.

However, where such personal decisions compromise the health or well being of that resident or others we may seek compromise through consultation and mediation that may include family members, representatives or professionals in the wider health and social care community.

On admission and via post admission reviews, we seek information for advanced care planning purposes. Halsey House believes that strongly held values, beliefs or requests about future care or medical treatment are best managed via Advanced Decisions recorded whilst a resident has capacity to make their wishes known. Halsey House must be informed of the existence of such Decisions in order that we can act according to a resident's wishes at a time when they may lose capacity to make their own decisions. We will provide published information and guidance to enable residents to draw up Advanced Decisions where requested but TRBL employees are prohibited from advising or witnessing contents of Advanced Decisions.

BEHAVIOUR, RESTRAINT AND DEPRIVATION OF LIBERTY

Halsey House endeavours to provide an environment that promotes a lifestyle that is unrestrictive but compatible with reasonable care and safety, thus balancing our duty of care to our resident community with the needs, choices and best interests of individuals. Service users will be informed of limitations in terms of access inside and outside of the building on admission. Any practice considered restrictive will be subject to risk assessment, discussed and agreed with the service user or their representative where appropriate, documented in the care plan and reviewed at frequencies appropriate to the individual.

Restrictive practices that **are not** promoted at Halsey House include:

- Inappropriate and non-consensual use of bed safety rails
- Arranging furniture to impede movement
- Use of bedclothes or bandages to contain movement
- Sedative drugs
- Removal of nurse call bells
- Authoritarian attitudes and institutionalised routines
- Unjustified locked doors
- Medical or Nursing Treatment against an individual's will (satisfying the principles of mental capacity assessment)

Staff are not trained in physical restraint practices. However, The Royal British Legion has a duty of care to protect any person whose personal safety is placed at risk from an action or another person. In such situations staff will intervene through mediation and diversion, and will physically restrain only as a last resort using the minimum of force to protect immediate safety.

The Royal British Legion does not tolerate behaviour which is abusive or threatening either verbally or physically. Further, we do not condone individual lifestyle choices that are illegal, inappropriate or offensive or bring The Royal British Legion into disrepute. Wherever possible, the Matron Manager will endeavour to meet with the service user to agree compromise, or resolve any issues giving cause for frustration and distress and review the plan of care if indicated. However, continued demonstration of such behaviour or lifestyle choices may lead to issuing of notice to leave (see Terms and Conditions).

Changes in resident behaviour may be symptomatic of an underlying health problem and therefore will be monitored and investigated to determine cause. If appropriate, medical assistance will be sought to resolve the problem. However, Halsey House does not currently provide facilities and services for persons with definitive cognitive disorders. Where such a diagnosis is made, a case conference will be called with the service user, representatives and stakeholders to determine whether continued residence at Halsey House is in the best interests of the service user and other residents of the Home, and an alternative placement may be requested if we are unable to meet specialised needs.

Covert medicine administration is not routinely condoned. If following assessment of mental capacity it is confirmed that a resident does not have capacity to understand that the continuous refusal of a prescribed medication places their health at risk, covert administration may be undertaken under strict guidelines described in The Royal British Legion Care Services consent and covert administration guidelines. Halsey House will be guided by the multidisciplinary team and resident representative, and will contact the relevant local supervisory authority to check if an application under Deprivation of Liberty Safeguards is required.

Residents at Halsey House are free to come and go at will, commensurate with mental capacity assessments, agreed plan of care and appropriate risk assessments. Halsey House has a duty of care to protect the safety of all residents and employees within the environment of Halsey House and to those ends secure access doors at entrances include digital locks and staff operated manual release mechanisms. Residents are provided with the means, either with support or independently, to use these access methods according to individual ability, capacity and choice commensurate with agreed plan of care. Residents are free to move around the Home and gardens at leisure and will be provided with assistance where required, but are restricted from entering the kitchen, laundry and plant areas for health and safety reasons.

Residents are also free to leave the home accompanied by visitors at any time. If, under Mental Capacity and Deprivation of Liberty Safeguards or Vulnerable Adult Safeguards, the Home has concerns about the welfare of a resident during such trips away from the Home, the Matron Manager or Head of Care will refer to the appropriate statutory agency or appointed representative in the resident's best interests.

Halsey House will never knowingly deprive a resident of their liberty. Staff will endeavour to meet needs and choices in the least restrictive way whilst considering an

individual's safety or welfare. We will review the care plan with the resident, or according to mental capacity their representative or multidisciplinary team, to determine alternative options should a resident's liberty become compromised. If following these processes it is clear that care required in a resident's best interests does confirm eligibility to deprive them of their liberty, the Matron Manager will make an application to the local supervisory body as described in the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and local arrangements from April 2009. Any authorised deprivation of liberty will then be monitored by the Matron Manager according to deprivation of liberty guidelines to determine continued or discontinued eligibility within statutory timescales.



Appendix 1
THE ROYAL BRITISH LEGION
HALSEY HOUSE
COMPLAINTS NOTICE

1. We view complaints as an opportunity to identify anything that is going wrong in our organisation and to make it right. We are committed to providing our residents with a quality service and your comments and suggestions for improvements are always welcome.
2. Verbal complaints should in the first place be made to your named nurse/key worker or to the Head of Care who will respond to rectify the issue immediately. If you are not satisfied with the response you should refer your complaint to the matron/manager.
3. Written complaints should be addressed the Matron/Manager of Halsey House, Ms Sally Mills. Halsey House endeavour to resolve all complaints within 28 days of the date of receipt of the complaint. A written letter of acknowledgement will be sent to the complainant within seven days. The Matron/Manager will then investigate the complaint and will outline the investigation, conclusion and outcome to the complainant in writing within a further 21 days.
4. Should the complaint or investigation be complex, requiring extensive investigation, the 28 day process may not be achievable. The complainant will be notified and kept informed of any delays in the complaint process
5. If the complainant is unhappy with the outcome of the investigation, they may refer their complaint to:

Laura Morton
Head of Homes
Welfare Division
199 Borough High Street
London SE1 1AA

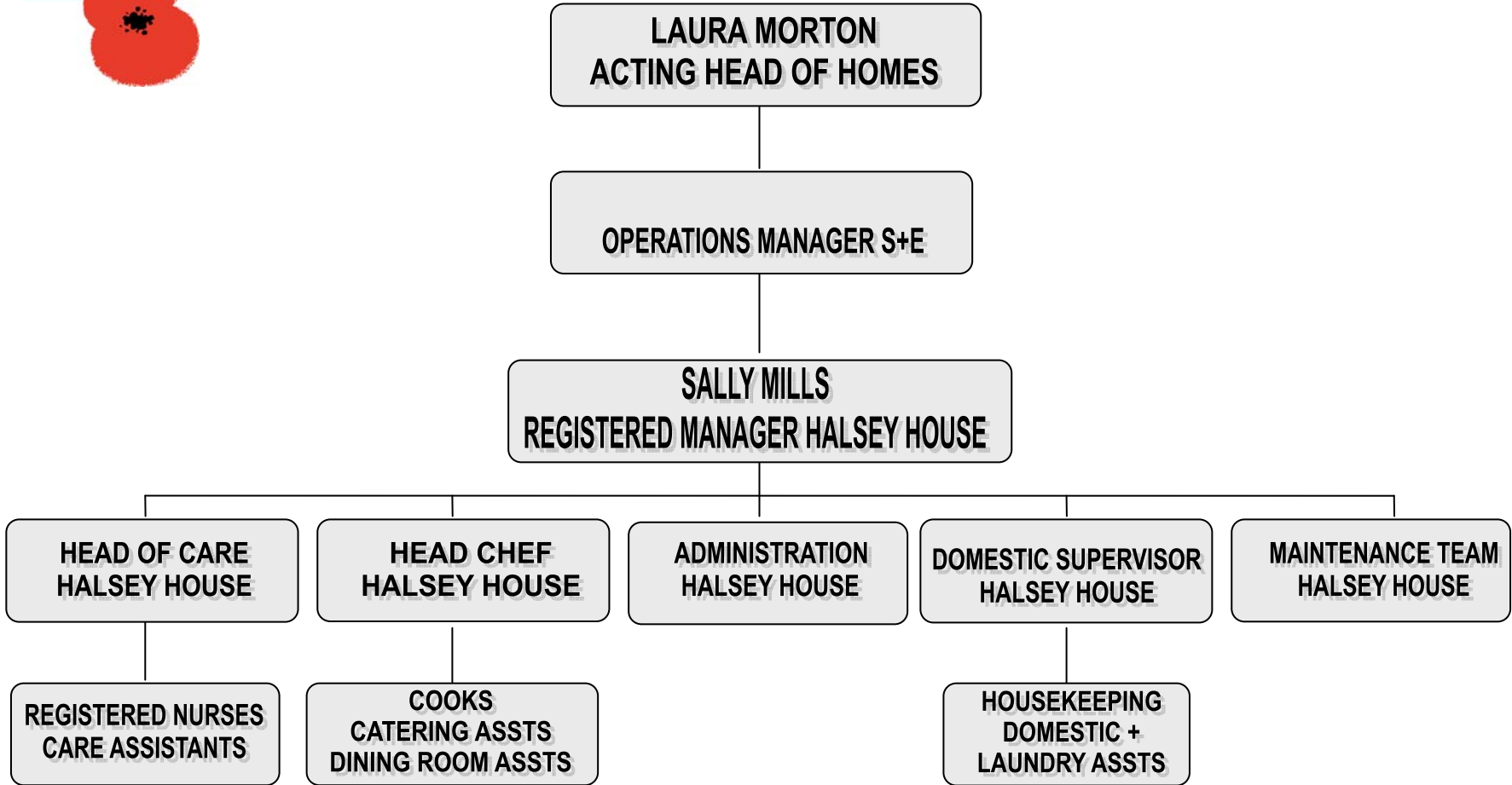
6. Service Users have the right to complain directly to the Commission for Social Care Inspection; or their local purchasing authority. Contact details are:

Commission for Social Care Inspection Eastern Regional Contact Team CSCI CPC1 Capital Park Fulbourn Cambridge CB21 5XE Tel No: 01223 771300	Norfolk County Council Adult Social Services County Hall Martineau Lane Norwich NR1 2SQ Tel: 0844 800 8014	Norfolk PCT Lakeside 400 Old Chapel Way Broadland Business Park Thorpe St Andrew Norwich NR7 OWG Tel No: 01603 257000
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If you have any comments or suggestions, please speak to Head of Care. Alternatively, please participate in Residents meetings as advertised on the notice board.



**APPENDIX 2: ORGANISATIONAL CHART THE ROYAL BRITISH LEGION
CARE SERVICES**



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