



THE ROYAL BRITISH LEGION

MAIS HOUSE

**STATEMENT
OF
PURPOSE**



THE ROYAL BRITISH LEGION MAIS HOUSE

**18 Hastings Road
Bexhill-on-Sea
East Sussex
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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 Mais 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: February 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 its 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
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Registered Charity Number: 219279

Telephone: 020 7973 7399

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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

Mais House was established in 1990. Mais House currently provides services for 54 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 Mais 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 Mais 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 Mais 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 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
14. 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
15. 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

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

FACILITIES AND SERVICES

LOCATION

Mais House is situated in Bexhill-on-Sea, East Sussex and is easily accessible by train and road with parking facilities within its own grounds and the main line railway station and bus services are within easy reach.

FACILITIES

Mais House is a three storey building with 2 lifts to all floors, providing a variety of private and communal facilities:

There are 3 double bedrooms, 48 single bedrooms all of which have en-suite toilet and washing facilities along with variable height beds, television and telephone points. Single rooms average 13.31 sq m not including en suite space and vestibule .There are 4 additional assisted bathrooms. All are located on the three floors. Communal facilities include a spacious dining room and 2 lounges and a conservatory.

The first floor lounge is regularly used for activities and group physiotherapy. There is also a hairdressing salon and a laundry room. There is further an ironing room for the residents use.

The Bar is open daily at lunchtime.

Large enclosed and landscaped gardens accessible to wheelchairs.

Mais House operates a no smoking policy.

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 during the week. A reduced service operates at weekends. The laundry operates on a daily basis.

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 and snacks are provided between meals and on request and self service water dispensers are available at all times. 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 and 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:

Private hairdresser provides a weekly service and is paid either directly by the resident or via the office through pocket money facilities.

Representation:

Legal Representatives are available locally if the service user requires.

NHS/LA services

GP registration is undertaken on admission. GP's will visit on request; the resident may visit the surgery if preferred.

District nurses and Macmillan nurses are accessed via the GP as required.

Wheelchairs and disability aids are provided via NHS and OT assessment following GP referral.

Physiotherapy is provided by the home on a weekly basis where occasionally required. Currently this service is funded by the Residents Amenity Fund but subject to ongoing review. Residents requiring extensive or regular treatment will be referred onwards to NHS professionals by their G.P.

NHS and Private dental, chiropody and optical services are available in Bexhill and Hastings. Optical services are available locally. Currently, dental, chiropody and optical services undertake Home visits.

The private chiropodist calls at the home approximately every six/eight weeks and residents pay the practitioner directly.

Continence products are supplied via the NHS and the Continence nurse following assessment.

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. Mais House will arrange additional or new visits as requested or as need dictates.

Transport and escorts

Mais House has its own transport, insured and equipped to carry disabled passengers. Where possible escorts are provided for GP/Hospital appointments according to need and availability of staff. This service cannot always be guaranteed and is subject to availability. Relatives and friends are requested to assist wherever possible in the provision of transport and escorts to medical appointments and personal social outings.

REGISTERED MANAGER

Sue Jones RGN has been employed as the Manager of Mais House since December 2008. Qualifications: RGN; RMDip; BA (Hons). MA

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 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 the Nurse in Charge.

STAFF

Mais House employs approximately 70 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:

The post of Head of Care is currently vacant.

The Head of Care is responsible directly for the management of Nursing and Care of the residents. In the absence of the Head of Care leadership is provided by senior RNs.

Mais House employs a team of Registered Nurses (RNs) to cover the various shift patterns with 2 on duty during the morning and afternoon and 1 for each night shift. Registered nurses lead each shift and deliver nursing care.

The number of Care Assistants employed by Mais House is approximately 30. Care assistants deliver personal care under the supervision of senior staff and registered nurses. Many have achieved NVQ Level 2 or 3 in care, and others are undertaking NVQs at both levels.

Mais House appoints a named nurse or carer to each resident and their responsibilities are tailored to the individual residents needs.

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.

Catering

Head of Department Stephen Tickner Head Chef

Responsible for menu planning, ordering, and health and safety of the department.

Manages 10 staff including cooks and catering assistants.

Housekeeping

Head of Department Jenny Highams

Responsible for cleanliness of the environment and the laundry. Manages 10 domestic and laundry staff.

Maintenance

Head of Department Dudley Trowell

Responsible for a team of 2 persons in relation to general maintenance and repairs, gardening and driving. Provides on call shifts at evenings and weekends.

Administration

Reporting to the Matron/Manager, Mais House has 3 clerical staff available 9-4.30pm Monday to Friday.

Responsibilities include assisting the residents with enquiries, basic accounts, reception duties.

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

11 volunteers help at Mais House covering the bar, sweet trolley, kitchen and assisting social and leisure activities.

The process of engagement for the volunteers is as in depth as for any Royal British Legion employed staff.

HOUSE AMENITIES COMMITTEE

The Chairman is Peter Jackson and there are eight voluntary members on the committee responsible to Head Office of The Royal British Legion. The responsibilities of the committee are to raise awareness of the home and raise and distribute monies for the benefit of the residents. The HAC hold four meetings a year with minutes available to members of the committee and Head Office.

ORGANISATIONAL STRUCTURE

See appendix 2

REGISTRATION

Mais 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. Mais House does not provide services for persons whose primary need is related to a functional or organic mental health diagnosis. The home is registered to provide Nursing and Personal for a maximum occupancy of 54 persons.

ADMISSION CRITERIA

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

records are confirmed by sight of relevant documentation from the potential resident or confirmation from MoD to establish eligibility.

Enquiries are accepted from the general public, social services and TRBL Field Officers; Mais House provides services for those whose care is funded privately or by Local Authority or NHS.

The Matron Manager or Head of Care visits the prospective resident to conduct an assessment of need to establish that Mais House is able to appropriately meet those needs prior to an offer being made for admission to Mais House. Subject to individual ability and bed availability we may invite the prospective resident to visit the home for a short stay to determine if the choice of Mais House is suitable to all parties.

Following confirmation of eligibility, and determining that Mais 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

Mais 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 Matron 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. Mais 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 Mais 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 Mais 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 any individual is at risk.

SOCIAL ACTIVITIES, HOBBIES AND INTERESTS

We have full time and part time Activity Co-ordinators who organise various group and individual pursuits. There are weekly planned activities and this is displayed on the resident's notice board. If any of the residents do not wish to participate then we have a library of books and videos/DVDs, beautiful gardens, a bar, piano and the sea and town centre are close by.

The planned activities usually include a morning shopping expedition weekly, along with musical exercises, bingo and outside entertainment.

There are various summer trips out for tea and entertainment, the restrictions being if the bus is required for hospital appointments. Many theatre trips are organised throughout the year culminating with the seasonal Christmas events.

We have visitors catering for various religious beliefs when required and volunteers calling in offering basic shop items from a trolley.

CONSULTING RESIDENTS ABOUT OPERATION OF THE HOME

If a representative is required they can be appointed direct by the resident to act on their behalf.

Residents have meetings every six weeks chaired by the Matron/Manager. The notice board is used to advise the residents of the meetings and agenda the agenda is put together via the suggestion boxes and consultation. After the meetings minutes are provided again on the notice board.

Whatever results from the meetings, the relevant department heads are consulted to implement the changes.

Currently there are bi-monthly newsletters.

Implemented at Mais House in 2009, The Royal British Legion's Quality Assurance system seeks to increase the level of participation and feedback from residents and stakeholders on many aspects of service provided at Mais House. Results from annual surveys will enable development and enhancement of the services we provide based on the views of users and stakeholders of our services. These annual surveys accompany compliance audits that take place periodically throughout the year for continuous improvement purposes. A quality assurance report is provided for residents and stakeholders in July each year.

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 subject to independent and statutory inspection.

All personnel access control of infection training and universal precautions are adopted throughout the Home.

All personnel access first aid training. 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 Mais House.

ARRANGEMENTS FOR ATTENDING RELIGIOUS SERVICES OF CHOICE

We have frequent visits from Ministers of Roman Catholic and Church of England faiths. Other faiths are represented in Bexhill and can be contacted should the need arise.

There are facilities in the first floor lounge for members of the Church of England faith to take Holy Communion which takes place once a month. Communion for members of the Roman Catholic faith can be arranged as requested. Residents may attend any of the

local church services they wish, however transport may not be available from the Home and residents are requested to make their own transport arrangements.

A Service and Ceremony is held at Mais House to commemorate Remembrance Day. Mais House provide transport to enable residents to also attend local Remembrance Ceremonies.

VISITING ARRANGEMENTS AND BEHAVIOUR OF VISITORS

Mais House operates an open visiting policy. There are no restrictions, but visitors are reminded that visiting is with the consent of the resident (where able).

We have security doors with answer phone to the office and on weekends and evenings a bleeper will sound to alert the nurses station who will facilitate entry, we ask for your understanding at these times as this may be difficult when residents require assistance at the same time.

We encourage and provide support for letter writing, telephone contact and emails to relatives and friends.

Currently Mais House has no facilities to accommodate relatives, but there are many local guest houses and hotels nearby.

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 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

Mais House recognises that residents may from time to time have complaints as to the way in which the home operates, or the level of care or service they personally receive. The Royal British Legion wishes to know of all such complaints with a view to satisfying the complainant and learning for the future for the benefit of the Home and all residents.

It is stressed that all complaints will be considered seriously and they will be addressed within a strict timescale as set out in the complaint procedure. No person will be treated in any way adversely as a result of a complaint being made. No one should fear to make a complaint, which will be regarded as "Helpful suggestion" rather than "Adversarial Dispute"! The experience of one may benefit all. Mais House is confident that residents or relative's complaints will be listened to, taken seriously and acted upon.

The complaint procedure is attached as Appendix 1

THERAPEUTIC TECHNIQUES

Mais House do not provide complimentary or alternative therapies. Residents may make their own private arrangements via local therapists.

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 Mais House.

MENTAL CAPACITY and ADVANCED CARE PLANNING

Following introduction in 2007, Mais 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. Mais 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, Mais 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, Mais 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

Mais 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. Matron Managers will refer to statutory agencies should Mais House staff at any time have concerns about the conduct of attorneys or representatives.

Mais 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. Mais 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. Mais 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

Mais 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 Mais 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, Mais 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 Mais 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. Mais 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 Mais House are free to come and go at will, commensurate with mental capacity assessments, agreed plan of care and appropriate risk assessments. Mais House has a duty of care to protect the safety of all residents and employees within the environment of Mais 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.

Mais 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
MAIS 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 Mais House, Mrs Sue Jones. Mais 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 Care Services
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:

<p>Commission for Social Care Inspection The Oast, Hermitage Court, Hermitage Lane, Maidstone, Kent. ME16 9NT. Tel: 01622 724950</p>	<p>East Sussex County Council Social Services County Hall, St Annes Crescent Lewes East Sussex BN7 1SW</p>	<p>Hastings and Rother Primary CareTrust Bexhill Hospital, Holliers Hill, Bexhill-on-Sea, East Sussex, TN40 2DZ</p>
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If you have any comments or suggestions, please speak to your named nurse or key worker or utilise the suggestion box located in the dining room and at reception. Residents meetings are held 6 weekly, chaired by the Matron, and are advertised on the notice board.





APPENDIX 2: ORGANISATIONAL CHART THE ROYAL BRITISH LEGION MAIS HOUSE

