



THE ROYAL BRITISH LEGION

LISTER HOUSE

**STATEMENT
OF
PURPOSE**



THE ROYAL BRITISH LEGION LISTER HOUSE

**Southgate
Ripon
North Yorkshire
HG4 1PG**

Tel: 01765 607878

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 Lister 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 be the leading charity safeguarding the welfare, interests and memory of those 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
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

The Royal British Legion Lister House was established in 1950. The Royal British Legion Lister House moved to its current location in 1988. A major refurbishment was completed in February 2006. The Royal British Legion Lister House currently provides services for seventy six 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 The Royal British Legion Lister 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 The Royal British Legion Lister 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 The Royal British Legion Lister 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 in partnership with stakeholders the facilities, care, support and expertise to enable the younger adult to regain skills and functions for optimum quality of life within The Royal British Legion Lister House or on return to community living.
15. 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

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

LOCATION

The Royal British Legion Lister House is situated in the City of Ripon and can be approached from the A61 and the A1. The nearest railway stations are York and Harrogate with a bus service to Ripon. Adequate car parking is available at Lister House.

FACILITIES

The Royal British Legion Lister House completed a substantial expansion and refurbishment programme in 2006. All private and communal areas are spacious, well appointed in a modern design, equipped and adapted to maximise support for persons with a disability. Lister House is built on two floors with two passenger lifts to access the first floor.

Residents' accommodation encompasses a total of seventy six single en suite bedrooms, twelve of which have their own shower. The average size of a bedroom is a spacious 16.33 sq metres.

Of these rooms seventeen have integral ceiling hoists. All residents' rooms all have electric adjustable height profiling beds, nurse call system, built in furniture, a TV aerial point and a telephone socket. There are an additional nine assisted bathrooms.

Lister House is divided into four areas, each providing dedicated facilities, staff and services for specialist areas of care:

General Nursing and Personal Care for Older Persons (maximum 55 persons)

- Incorporates residents rooms and assisted bathrooms as described above
- The Lloyds Room situated on the first floor provides additional dining
- Licensed Bar (accessible to all persons)
- The Churchill Lounge, a quiet room adjacent to the Bar Lounge.
- The Link area provides a conservatory style seating area with views of the inner courtyard garden and the front entrance.
- Large Dining Room incorporating a self service coffee bar and library area
- Satellite kitchen equipped for drink and snack making facilities for residents and visitors.

Nursing Care for Younger Physically Disabled Persons (maximum 5 persons)

- Incorporates residents rooms and assisted bathrooms as described above
- Lounge / dining area is equipped with a computer for the resident's use and a TV with a Freeview box and DVD player.

Colsterdale Wing: Personal Care for Older Persons living with Dementia (maximum 16 persons)

- Incorporates residents rooms and assisted bathrooms as described above
- Safe and accessible dedicated outdoor patio area
- Two lounges one incorporating TV with DVD and Freeview
- Centrally located activities room
- Farmhouse style kitchen with dining area. Kitchen equipped to facilitate independent/supported use by residents and their visitors.

- To protect and maximise safety for all residents, communal access doors have integral magnetic closing mechanisms requiring staff assistance for entrance and exit

Day Care Services: The centre takes a maximum ten clients per day except one day a week when there is a facility of five clients with dementia.

- There is a dedicated bathroom and two toilets within the centre.
- There is a dedicated lounge as well as a separate activities room.
- There is a dining area incorporated into the lounge
- Kitchen adapted to support development of living skills as part of occupational therapy and rehabilitation programmes (for use by all persons)

A fully fitted hairdressing salon is accessible to all persons within the Home.

There is also a hydrotherapy pool which is part of the physiotherapy suite. The hydro/physiotherapy facility is for the benefit of the residents, GP / PCT referrals, private clients with an ex-service connection and BUPA referrals.

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 private and communal areas are cleaned daily. Laundry services are available daily. Bed linen is changed as appropriate and at least weekly. Towels and face clothes are changed daily.

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. Hot beverages and biscuits are served mid morning and mid afternoon. Milky drinks and snacks are available in the evening. Coffee machines and water dispensers are located at intervals within the Home. 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

The hair dressing salon is located on the ground floor where visiting hair dressers attend weekly and also upon special request. Payment is made direct to the hairdresser by the resident themselves or via the office if money is held in safe keeping.

Representation

Harrogate Advocacy Service is available and a solicitor located in Ripon is happy to look after affairs for local authority and self funded clients. Contact details are provided on request.

NHS/LA services

- GP registration is made by the nurse in charge at the weekly clinic held at Lister House by the local GP practice. Local clients who wish to remain with their own family GP are encouraged to do so.
- District Nurses are accessed through the GP practice for clients in receipt of personal care.
- Macmillan nurse referrals are made by the GP.
- Wheelchair assessments are all carried out by the physiotherapists in the physiotherapy department and they make the necessary referrals.
- Occupational Therapy is accessed through the physiotherapy department and the GP.
- NHS dental treatment is available with domiciliary treatments whenever required.
- A local optician can visit Lister House, but appointments can also be made to visit the optician of the clients choice in the town.
- All residents are assessed by an NVQ level 3 care assistant who has continence training and who liaises with the Funded Nursing Care Team who supply the relevant products.
- An NHS chiropodist visits quarterly. A private chiropodist visits as and when required. The nurse / carer makes the relevant appointment on behalf of the resident. This service is paid for by the client.
- 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. The Royal British Legion Lister House will arrange additional or new visits as requested or as need dictates.

Transport and escorts

Lister House has it's own transport, insured and equipped to carry disabled passengers. Escorts are provided for GP/Hospital appointments according to need and availability of staff. Whilst we endeavour to provide this service as required, it 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

- Mrs M E P Fowler Watts RGN RMA ACMI
- Worked with elderly clients in the private sector for thirty two years. Member of Appeals Board Nursing Home Tribunal which was a Privy Council appointment for five years.
- Member of the Dementia Care Collaborative of North Yorkshire, Committee Member of Harrogate & Ripon Alzheimer's Society
- Employed by the Royal British Legion since Decemeber1996 initially as Head of Care and subsequently as a Matron Manager.
- Overall responsibility for all aspects of care for our residents in liaison with the Head of Care, for all the support staff, the Physiotherapy Department, the Daycare Unit , Licensee of the Bar and Health & Safety both within and outside

the building. I am responsible for setting and implementing the budgets of the day to day running of the home. As part of overseeing the care of the residents I have to liaise with Social Services and any other outside agencies who may be involved.

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 G Thew Thwaites

STAFF

The Royal British Legion Lister House employs a total of ninety four (94) 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 Monica Wood RGN

- Professional expertise in caring for older persons for 24 years including management experience
- Specialist interest in Palliative Care
- Responsible for day to day management of care provision and care planning for the service users.
- Supervises the training and development of the nursing and care staff.

There are twelve registered nurses who are responsible for residents in receipt of nursing care.. Delivery of clinical care, supervision of personal care, planning and evaluating care and care plans. They are also involved with mentorship, induction and supervision of care staff. There are two registered nurses on duty from 7am to 9.15pm each day and one night nurse from 9pm to 7.15am.

There are forty seven care assistants and many have achieved or are undertaking NVQ level 2 and 3 qualification.

Care assistants are responsible for meeting the personal care needs of the residents.

Team Leaders are appointed to lead and supervise personal and social care, and contribute to resident's assessments and care plans. A named nurse or key worker is allocated to residents on admission

Avril Wooldridge, Head of Unit, is appointed to lead the care of persons living with dementia, supported directly by the Head of Care and Registered Manager.

Staffing levels and skill mix at each of the three 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.

Daycare

We provide dedicated day care in our separate unit Mondays to Fridays, led by our dedicated day care organiser.

Physiotherapy Department

Head of Department Mrs S Staincliffe:

Graduate Diploma in Physiotherapy

Masters Degree Managing Change in Community Settings

Member of the Chartered Society of Physiotherapy

Associate of the Acupuncture Association of Physiotherapists

Deputy Head of Department Mrs J Townsend

Physiotherapist Mr D Martin

Technical Instructor Mrs J Hampton

2 Physio Assistants

All residents are assessed on admission. Those requiring physiotherapy receive a programme according to their needs. This may include the provision of a wheelchair for which they are referred to the local wheelchair service. The treatment is free and is provided to meet individual need. Care plan link is between the named nurse and the physiotherapist. The department head is managerial accountable to the Registered Manager and professionally to the Health Profession Council.

Catering

Mrs A Bannister – City & Guilds 706/1 & 2, Food Service, Advanced Food Hygiene, NVQ Assessor (Head of Department/Head cook)

Responsible for menu planning, food management, health and safety. Responsible for team of two cooks, three catering assistants, three dining room assistants.

The departments hours of work are from 7am to 7pm daily.

Housekeeping

Mrs T Harvey Domestic Supervisor. Responsible for maintaining cleanliness of environment and laundry services. Responsible for team of 2 laundry assistants and 8 domestic assistants. The normal hours of work are from 7am to 3pm daily.

Maintenance

We have a driver handyman and a maintenance person who manage day to day repairs.

Administration

A senior clerical officer and a two clerical officers run the office and reception from 8.30am to 5.30pm on weekdays. They are responsible for all the day to day administration for the residents and matron manager.

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

Two volunteers assist in reception and with social activities.. Volunteers do not provide personal care. Vetting procedure for volunteers follows same recruitment procedures as employed staff.

HOUSE AMENITIES COMMITTEE (HAC)

Chairman: Major General Michael Charlton-Weedy

There are ten persons on the HAC. The committee are responsible for fund raising and raising awareness of the home in the North of England. They are all volunteers. The committee is responsible to the Head of Care Services. Meetings are held every quarter. The minutes are circulated to committee members and copies are sent to Head Office.

ORGANISATIONAL STRUCTURE

See Appendix 2

REGISTRATION

The Royal British Legion Lister 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. The Royal British Legion Lister house is further registered to provide limited specialist care services for older persons living with dementia and younger physically disabled clients. Lister House does not provide nursing care for older persons living with dementia; services meet personal and social care needs only. Lister House is registered for a maximum occupancy of 76 persons. All categories are for both sexes:

Nursing care / Personal care	55
Dementia (personal care)	16
Younger Physically Disabled	5

ADMISSION CRITERIA

Admission to The Royal British Legion Lister 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 prospective residents, their relatives or representatives, Social Service Care Managers, Royal British Legion Welfare Officers. Service records are confirmed by TRBL Welfare Officer or admin staff of the home. If no documentation is available to confirm Service record, then a form is completed and sent to the MoD to verify the service details.

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 Lister 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. Should an enquiry be received from a prospective resident who does not live locally, the registered manager will travel out of area to conduct the needs assessment.

Emergency Admission

Lister 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. Lister 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 Lister 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 Lister 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 a part time activities organiser who arranges group pursuits. There is a part time activities co-ordinator in the dementia care unit. The care staff in the unit also under take activities. Social Activities are advertised for the week on the resident's notice board and daily reminder is also posted. Most group activities take place on weekdays during the afternoons. Younger clients are encouraged and supported to access learning activities at local community and college.

Weather permitting, outings are organised utilising the Home's transport, and participation is subject to resident ability and safety. For those residents who prefer not to join a group their key worker is there to talk to the resident about their hobbies and interests and help them with individual pursuits where possible.

RESIDENT CONSULTATION AND QUALITY ASSURANCE

Residents meetings are held bi monthly chaired by the Matron Manager. When possible the HAC Chairman also attends the meetings. They are advertised on the various residents' notice boards in the home. Concerns brought up at the meetings are addressed by the Matron Manager and the head of department involved. There is a suggestions box for both requests for favourite foods and any other general issues in relation to the running of the Home.

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 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 Lister House.

ARRANGEMENTS FOR ATTENDING RELIGIOUS SERVICES OF CHOICE

Lister House Chapel holds a monthly service of Holy Communion taken by clergy from our parish church Ripon Cathedral. Although the service is primarily of Church of England denomination, these services are open to anyone wishing to attend. Anyone wishing to use the Chapel for quiet contemplation is welcome to do so at any time.

A Pastoral Assistant from Ripon Cathedral visits from time to time as does the Roman Catholic Priest and Methodist Minister. The local clergy will see residents individually and arrange for them to receive communion. Remembrance Day is observed with a religious service in the courtyard and invites guests from other ex-service organisations.

VISITING ARRANGEMENTS AND BEHAVIOUR OF VISITORS

Lister House operates an open visiting policy with no restrictions, however visitors are invited into the home only with the consent of the resident.

For security and safety purposes, access to Lister House is via a call button answered by our reception staff. Visitors are required to sign in and out of the visitors book for security and fire safety purposes. Outside of admin office hours access is granted by care and nursing staff and visitors patience is requested if delays in accessing the building results from staff being engaged with residents.

Residents may organise telephones in their rooms for which they remain responsible for all connection and ongoing charges. In addition there is a public telephone and a computer for anyone wishing to use emails. Admin staff are also happy to receive and pass on emails and faxes when asked. Care Assistants and activities organiser are available to help with letter writing when required.

Lister House has an amenity flat available for use by relatives who travel long distances to visit. The bookings for this facility are taken by the registered nurses. A donation is accepted for use of this facility.

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

The Home recognises that residents may, from time to time, have complaints as to the way the home operates. The Home wishes to know of all complaints with a view both to satisfy the residents and learn for the benefit of other service users. All complaints will be taken seriously and will be acknowledged within 7 days and resolved within 28 days. No resident will be treated in any way adversely as a result of the complaint being made and no-one should fear to make a complaint which the Home will regard as a 'helpful suggestion' rather than an adversarial dispute.

The complaint procedure is attached as Appendix 1

THERAPEUTIC TECHNIQUES

In addition to physiotherapy, Occupational Therapy is provided as part of the care package for the young physically disabled clients. Qualifications are verified and CRB checks made on this therapists. Occupational Therapists are employed by the Royal British Legion and are funded from the individual care packages of Younger Physically Disabled residents.

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 Lister House.

MENTAL CAPACITY and ADVANCED CARE PLANNING

Following introduction in 2007, Lister 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. Lister 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, Lister 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, Lister 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

Lister 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 Lister House staff at any time have concerns about the conduct of attorneys or representatives.

Lister 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. Lister 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. Lister 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

Lister 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 Lister 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, Lister 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 Lister 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. Lister 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 Lister House are free to come and go at will, commensurate with mental capacity assessments, agreed plan of care and appropriate risk assessments. Lister House has a duty of care to protect the safety of all residents and employees within the environment of Lister House and to those ends secure access doors at entrances include digital and magnetic 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.

Lister 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

LISTER 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 Lister House, Mrs Petronelle Fowler Watts. Lister 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:

Commission for Social Care Inspection Unit 4 Triune Court Monks Cross York YO32 9GZ Tel: 01904 545000	NYCC Social Services – North Yorkshire County Hall Northallerton North Yorkshire DL7 8AL	North Yorkshire & York NHS PCT Skipton Hospital Keighley Road Skipton BD23 2RJ Tel: 01756 792233
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If you have any comments or suggestions, please speak to Head of Care or utilise the suggestion box located in the dining area. Residents meetings are held quarterly, chaired by the Matron, and are advertised on the notice board.



APPENDIX 2: ORGANISATIONAL CHART THE ROYAL BRITISH LEGION LISTER HOUSE

