



Statement of Purpose

January 2022



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This document has been written in accordance with the Health and Social Care Act 2008 and the regulations made under that Act. Each resident will be able, at all reasonable times, to inspect a copy of this statement.

This statement will be kept under review and, where appropriate, it will be revised. The home will notify all residents of any revisions and the area office of the Care Quality Commission.

Aims and Objectives

With over 42 Years' experience, the management of Mountbatten Nursing Home prides itself on offering highly professional care services for our residents and service users needing complex care, with a personal touch. The home is pleased to accept service users for long term, short term for convalescence and holiday stays.

When people have worked throughout their lives and have been committed to helping others, they deserve extra cherishing. They need a home where individuality is emphasised, with staff who have time to give attention to small detail and where they have the choice of enjoying the company of like-minded fellow residents. This home recognises those needs fully and wishes to emphasise the following points:

PRIVACY: The right of a resident to be left alone and undisturbed whenever

he/she wishes.

DIGNITY: The understanding of a resident's needs and treating them with

respect.

INDEPENDENCE: Allowing a resident to take calculated risks, to make his/her own

decisions and think and act for him/herself.

CHOICE: Giving a resident the opportunity to select for his/herself from a range

of alternative options which may be appropriate to him/her.

RIGHTS: Keeping all basic human rights available to all residents.

FULFILMENT: Enabling the resident to realise his/her own aims and helping him/her

to achieve these goals in all aspects of daily living.

Philosophy of Care

The home aims to provide its residents with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance.

Carers will use their best endeavours to preserve and maintain the dignity, individuality and privacy of all residents within a warm and caring atmosphere and will be sensitive to the resident's changing needs. Such needs may be medical/therapeutic (for physical and mental welfare), cultural, psychological, spiritual, emotional and social, and residents are encouraged to participate in the development of their individualised care plans, in which the involvement of family and friends is appropriate and valued greatly.

This will be achieved through programmes of activities designed to encourage mental alertness, self-esteem, social interaction with other residents and with recognition of the following core values of care which are fundamental to the philosophy of this home.

CORE VALUES OF CARE		
PRIVACY	DIGNITY	RIGHTS
INDEPENDENCE	CHOICE	FULFILMENT

All Care Staff within Mountbatten Nursing Home will be qualified appropriately to deliver the highest standards of care. A continuous staff training programme is implemented to ensure that these high standards are maintained in line with the latest developments in care practices as may be laid down in appropriate legislation, regulations, and the Care Quality Commission, who the service provider is regulated by.

<u>Homeowner/Manager/Person in Charge – Name, Experience, Business</u> Address and Communication Information

Name: RICHARD & SALLY BRICE

Experience: 42 YEARS IN SENIOR MANAGEMENT

Qualifications: A.M.A.S.I. MLIA.dip

Location of Business: Mountbatten Nursing Home

82/84 Trull Road

Taunton TA1 4QW

Telephone: 01823 333019

E-mail: enquiries@mountbattennursinghome.co.uk

Clinical Lead: PAULA COTTRILL

Experience: 8 years in nursing, 26 years in the care sector

Qualifications: RGN DipHE

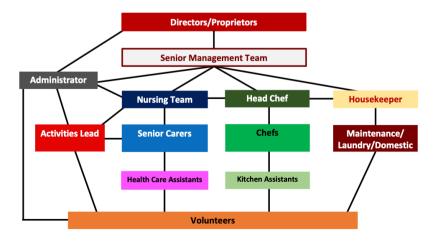
Registered Owner: RICHARD BRICE Telephone: 01823 333019

Care needs met by the Home:

Long and short stay with nursing or personal care to include:

- Treatment of disease, disorder, or injury.
- Diagnostic and screening procedures,
- Day care,
- Emergency out of hours care,
- Continuing health care/high dependency/end of life care.

Home Organisational Structure



Staff Numbers and Training

Mountbatten Nursing Home currently employs 6 Qualified Nurses, 33 Care Assistants, 1 Activities Coordinator, 7 Kitchen Staff, 1 Administrator, 1 Housekeeper, 6 Domestics and 1 Caretaker.

The age range of the staff is from 16 to 75. The Home's staff are selected for their qualities of reliability, integrity, skill, friendliness, and professionalism. They are carefully screened (especially through the DBS) and references are always checked thoroughly. During induction, all staff are trained in-house by experienced senior staff to meet the updated skills for care common induction standards (September 2010).

The home has a comprehensive training programme. The Homes' staff regularly attend in house and external training courses for such topics as Food Hygiene, Moving and Handling, Care of the Elderly, First Aid, Palliative Care, Wound Care, POVA etc. An extensive suite of 34 online training modules is also available to all staff with 12 being mandatory.

The home actively encourages all Care Assistants to achieve a minimum level 2 care qualification. We encourage staff to undertake the National Diploma which has recently replaced the NVQ and to strive for level 3.

Accommodation

The home can accommodate up to 30 residents, comprising of 25 single rooms, many with en-suite facilities, 1 double room, and 2 specialist care 2-bedroom units.

Social Rooms

There is a lounge and a conservatory with a separate dining room, all centrally heated. Residents are encouraged to use these public rooms; however, residents, who choose to stay in their own rooms may do so. Smoking is not allowed in these public rooms and whilst generally discouraged within the home, a separate area outside is set aside for this purpose.

Admission

Residents interested in living at the home are encouraged to visit and sample the atmosphere and level of service. Often, day-care is arranged on a regular weekly basis while waiting for a vacancy. This gives the resident time to get to know the staff and adjust to new people and surroundings. A month's trial period is always given before residency becomes permanent. This is provided for in the Standard Service Users Contract included with the service user's guide.

Criteria for Admission

The home operates an Equal Opportunities Policy in all its operations and does not discriminate against any resident or potential service user on the grounds of sex, race, religion, disability, and ethnicity or in any other way. However, the home does not accept a resident until his/her needs have been assessed by a suitably qualified or suitably trained person and a copy of the assessment has been received by the Registered Provider or Registered Manager of the home. Also, before admission, the potential resident, or his/her representative, will consult with the Registered Provider or Registered Manager regarding the assessment. Following which it will be confirmed in writing to the potential resident that, having regard to the assessment, it is considered that the home will be suitable to meet the potential resident's needs regarding health and welfare.

Nevertheless, occasions do arise where emergency admissions are required and when it may not be possible to comply with the above criteria either wholly or partly. The home will use its best endeavours to complete all aspects of the above criteria within 24 hours of any admission.

Financial Arrangements and Fees

The Home is committed to providing value for money within a setting of comprehensive and caring service:

The fees are agreed upon negotiation and charged dependent on:

- 1. The type of facility required,
- 2. The type of care package and needs of the individual resident.

Depending on the personal financial situation, a service user can pay the fees either privately or receive benefits arranged by Social Services. It is important to mention however that a resident who is ineligible for financial support from benefits from Social Services may find that, after a while, their financial circumstances have been reduced to a point where funding from Social Services may be possible. Although the home will do its best to monitor individual resident's circumstances, the home cannot accept any responsibility at all for non-recognition of any resident's financial circumstances changing in this respect.

The current rules can be complicated, and specialist advice can be arranged where appropriate.

Fees – What is Included

- Fully trained staff in 24-hour attendance
- High quality home cooking
- Provision for special diets
- Laundry service

- GP visits as needed, as assessed by Qualified Nursing Staff, and monthly surgeries
- Call bell system
- Full central heating
- Manicure
- Subsidised massage and aromatherapy
- Activities

Fees – What is Not Included

- Dry cleaning
- Weekly visits from the hairdresser to the home
- Monthly visits for a Private Chiropodist to the home
- Private phone installation and calls
- Newspapers/magazines
- Transportation for outings and appointments
- Installation of internet and satellite services and the services thereof
- Pay per view

Privacy and Dignity

Staff are trained to endeavour to preserve and maintain the dignity, individuality and privacy, of all residents within a warm and caring atmosphere and will be sensitive to any residents changing needs. The staff are fully trained to deliver a person-centred approach to care.

Smoking and Alcohol

The home has a designated smoking area. Regarding alcohol, residents will normally make their own arrangements, but may be required to be supervised – the same may apply to smoking.

Fire Safety

- The Home has a modern Fire Alarm System fitted, with "Fire Exit Notices" and "Fire Emergency Instruction Notices" displayed at strategic points throughout, as advised by the local Fire Officer.
- Staff are instructed during induction training regarding the Fire Prevention/Drills
 Policy; this includes the use of the home's fire appliances, evacuation, muster points,
 raising the alarm, etc. Residents are informed of the emergency procedures during
 admission.
- A fire test exercise is carried out weekly; this ensures all staff and residents have a comprehensive understanding of their responsibilities. A full fire drill is conducted monthly.

- All fire systems and alarms are tested weekly by staff and 6-monthly by our local contractor. Records are kept of all such testing.
- All fire fighting equipment will be checked annually by a qualified fire extinguisher maintenance engineer.
- Where possible, furniture, fixings and fittings are made from fire-resistant and/or fire-retardant fabrics and materials.

Religion (Worship/Attendance at Religious Services)

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

Contact with Family and Friends

The resident's family, relatives and friends are encouraged to visit regularly and when visiting is not possible to maintain contact by letter or telephone. In these cases, staff will offer to assist the resident to respond where help may be needed.

Relatives may also take residents out, providing the nurse in charge agrees and the resident wishes to do so.

Visitors will be welcomed at all reasonable times and are asked to let the person in charge know of their arrival and departure from the home. For security and fire safety reasons, visitors must sign in/out of the visitor's book in reception on each occasion of arrival and departure.

The resident has the right to refuse to see any visitor and this right will be respected and upheld by the Person in Charge, who will inform the visitor/s of the resident's wishes, if necessary.

Care Plan Review

Once developed, the care plan will be reviewed regularly to ensure that the resident is responding in a satisfactory manner. Adverse reaction to the care plan by the resident will result in an immediate review of the care plan by the named carer, manager, senior carer and other members of care staff as necessary, jointly with the service user and, where appropriate, a member of the resident's family.

Family and Relatives will be encouraged to participate in the resident's daily routine, as far as is practicable, and are invited to monthly formal reviews. Residents and their relatives are always welcome to chat with a member of the care staff if they have any concerns.

The care plan is reviewed at three levels:

- Daily on a shift-to-shift basis. At staff shift changeover, the resident's daily care
 notes are handed by the out-going shift to the in-coming shift and the resident's
 responses and activity patterns discussed as needed. Changes to the care plan
 may be proposed at this point.
- At the end of the four-week settling-in period.
- After that, a formal review is held with care staff monthly.

All amendments to the care plan will require the authorisation of the home manager or key nurse; certain amendments may require the authorisation of the resident's GP. All amendments to the care plan are recorded in full.

Any revision of the care plan will be notified to the resident as soon as is practicable after the revision has been made.

The resident, or the resident's representative (this is if the nurse deems it is in the best interest, no automatic rights), will always have unrestricted access to the care plan.

Complaints

If a resident, relative or visitor, feels that there is cause for complaint, this should be discussed with the person-in-charge. If the matter is serious, or if the resident remains dissatisfied, the home's complaints procedure (a copy of which is included in the resident's guide) will be implemented.

Bereavement

In the unfortunate event of bereavement, the resident's family can expect every possible support and consolation from staff.

Whereas funeral arrangements are usually made by the next of kin, the home's staff can be relied upon to assist and explain what is required. Where there is no next of kin, the staff will attend to the necessary arrangements. A bereavement pack is also available.

Therapeutic Activities

The home's policy on "Therapeutic Activities" considers the resident's interests, skills, experiences, personalities, and medical condition. The home offers a wide range of activities designed to encourage the resident to keep mobile and, most importantly, take an interest in life. Staff encourage and, in certain instances, assist residents to pursue hobbies and interests.

Residents can play the following games using the equipment that is designed for fading sight:

- a) Cards
- b) Scrabble
- c) Bingo
- d) Draughts
- e) Tic-Tac-Toe
- f) Ball Games feet or hand
- g) Drawing
- h) Adult colouring

Activities with the Staff (On a daily basis):

- a) Chatting to individual service users
- b) Going for a walk
- c) Manicures
- d) Playing games e.g., dominoes/snakes and ladders/connect 4/ tiddlywinks
- e) Armchair exercises
- f) Reading Books/Letters/Magazines/Newspapers
- g) Helping to choose from library books
- h) Music and sing-along's
- i) Maintaining life-long hobbies, crossword puzzles/gardening/knitting
- j) Internet shopping
- k) Watching films/favourite TV shows

Outings

All outings are geared to a resident's needs and capabilities. Due to this, there may be times when a limited number of residents can go on a particular outing.

Examples of outings are listed below:

- a) A drive around the countryside
- b) Visit to a garden centre
- c) Visit to a pantomime or play (we also hold pantomimes in house)
- d) Shopping trips

Leaving or Temporarily Vacating

If a resident wishes to be discharged from the home, then 4 weeks' notice must be given of this intention, or 4 weeks fees paid in lieu of notice. These conditions are waived during the 4-week trial period. If a resident moves out of the home temporarily – e.g., to receive hospital treatment – the bed is retained for a period of 4 weeks, provided 100% of the normal fee is paid. In the case of the local authority funded residents, this retention period may differ.

Monitoring and Quality

Within the home, there are various systems which ensure that close monitoring is maintained on all the home's services and procedures. Attention to the smallest detail is pivotal to everything. An important part of the home's quality programme is to involve the residents and their relatives; with comments on the home, the staff and services provided being sought regularly. The home is accredited with Social Services Quality Rating, holds the Investors in People recognition, and has achieved the Gold Standard Accreditation.

Pets

While it is acknowledged that many people have pets for company during their lifetime and that they may wish to bring one with them when they move, the management has a responsibility to all the residents regarding health and safety and their choice to have pets within the home. Pets may be permitted but each case will be treated on its merits in the absolute discretion of management.

Medication

If a resident wants to self-medicate and is safe to do so by risk assessment, then all help and advice is given. Otherwise, all drugs will be managed by the staff and dispensed and ordered under the instructions of the GP. Any resident may request to see a GP in private, if wished.

Telephone

The home has a telephone, which can be used by the residents for incoming calls in the privacy of their own rooms. It can also be used for outgoing calls at a nominal fee. Residents may have their own private line installed at the going rate (not included in the fees).

Meals

Menus will be varied, and favourite dishes and special diets can be catered for. Residents are encouraged to eat in the dining room but may eat in their own room if desired. Tea, Coffee, and other hot drinks are served and available 24 hours a day.

Important Addresses:

All residents and their representatives are notified of the following addresses:

a) Local Offices of the Care Quality Commission

Southwest Region

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Tel: 0300 061 6161

b) County Council Social Services

Social Services Department

Somerset County Council

County Hall

TAUNTON

Somerset

TA1 4DY

www.somerset.gov.uk

Tel: 0300 123 2224

Out of Hours Tel: 0300 123 2327

c) Local Health Authority

Somerset Clinical Commissioning Group

Wynford House

Lufta Way

YEOVIL

Somerset

BA22 8HR

Tel: 01935 385233