



KEY INFORMATION

Holmwood Residential Care Home

*Real care is **Wessex Care***








Mission Statement

It is the objective of Holmwood to provide care to all residents to a standard of excellence which embraces fundamental principles of Good Care Practice, and that this may be witnessed and evaluated through the practice, conduct and control of quality care in the Home.

It is a fundamental ethos that those residents who live in the Home should be able to do so in accordance with the Home's Statement of Values, ref, below.

It is the objective of the Home that residents shall live in a clean, comfortable and safe environment, and be treated with respect and sensitivity to their individual needs and abilities. Staff will be responsive to the individual needs of residents and will provide the appropriate degree of care to assure the highest possible quality of life within the Home.

To meet these resident needs the Care Service within the Home is designed to achieve the following objectives:

-  To deliver a service of the highest quality that will improve and sustain the resident's overall quality of life. In this respect the Care Service is designed to meet the international certification requirements of the ISO 9001:2008 Quality Standard (latest edition), but in a people-oriented fashion.
-  To ensure that the Care Service is delivered flexibly, attentively and in a non-discriminatory fashion while respecting each resident's right to independence, privacy, dignity, fulfilment, and the rights to make informed choices and to take risks.
-  To ensure that each resident's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.
-  To ensure that the Care Service in whole is delivered in accordance with agreed Contracts for Care.
-  To manage and implement a formal programme of staff planning, selection, recruitment, training and personal development to enable resident care needs to be met.
-  To manage the Care Service efficiently and effectively to make best use of resources and to maximise value for money for the resident.
-  To ensure that all residents receive written information on the Home's Procedure for Handling Complaints, Comments and Compliments, and how to use it.






Statement of Values

Philosophy of Care

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

Carers will strive to preserve and maintain the dignity, individuality and privacy of all residents within a warm and caring atmosphere, and in so doing will be sensitive to the residents' ever-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 may be appropriate and is greatly valued.

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

 Privacy	 Dignity	 Rights
 Independence	 Choice	 Fulfilment
 Security	 Respect	 Equality
 Inclusivity	 Empowerment	 Diversity

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

Quality Policy Statement

Holmwood is a comprehensively equipped Private Residential Care Home which is registered under the terms of *The Health and Social Care Act, 2008*, and is compliant with the relevant regulations as defined in *The Health & Social Care Act 2008 (Regulated Activities) Regulations 2010*, and *The Care Quality Commission (Registration) Regulations 2009*.

The Home is dedicated to the provision of the finest care for its residents. This will be achieved through the integration of efficient administrative practices with first class standards of care.

Accordingly, the Home has been established with a quality-orientated approach to the business, and a high degree of quality awareness is developed through all levels of staff through appropriate training and leadership of management. To reinforce this, it is the policy of the management that Holmwood shall, as applicable to the business, comply with the requirements of the ISO 9001:2008 International Quality Standard (latest revision).

















Policy on Residents' Rights

Charter of Rights

It is the Policy at Holmwood to respect the right of each resident to lead as independent and fulfilling a life as possible.

In this respect the following policy elements will be observed by all Care Staff, as a documented Residents' Charter of Rights which will always be readily available for inspection by residents, relatives and visitors to the Home:

Residents in our Home shall have the right:

-  To retain their personal dignity and independence irrespective of the severity of their physical or mental infirmity.
-  To have their social, emotional, religious, cultural and political needs accepted and respected.
-  To have skilled, sensitive and understanding care to enable them to achieve the highest possible quality of life.
-  To have their personal privacy respected.
-  To be consulted about daily living arrangements in the Home, and to participate in discussions about proposed changes to these arrangements.
-  To be involved in, and be kept informed about, their individual assessment of need.
-  To have a regular review of their individual circumstances, and to have the right to be present at any review meetings.
-  To make informed choices about their Care Plans.
-  To be kept informed of all the services offered by the Home.
-  To choose their own Medical Practitioner and Dentist, and to consult them in private.
-  To manage their own personal affairs, including finances.
-  Not to be moved without prior consultation.
-  To have access to a formal complaints procedure.
-  To be given the opportunity to vote in local and general elections.

The only restrictions will be the legal and regulatory requirements necessary to protect the health and safety of residents, relatives, visitors and staff, and to ensure that the required standards of care are provided.

Contact & Qualification

- 🌸 Holmwood Care Home, 30 Fowlers Road, Salisbury, SP1 2QU
- 🌸 Telephone: 01722 331 130 or Fax: 01722 331 130
- 🌸 Founding Directors: Pauline Airey - Cert. Ed, B.Ed, RMN & Matthew Airey - CQSW
- 🌸 Finance Manager: Alison Stone - BTEC National Diploma, City & Guilds IT, AAT[3]
- 🌸 Placements & Quality Assurance Manager: Janet Hope
- 🌸 Business Director: Christian Airey - BA (Hons)
- 🌸 Operations Director: Jodie Scott - Cert. H&SC, RCM, RMA
- 🌸 Service Manager: Jo McMahon - Cert. H&SC, RCM, RMA
- 🌸 Registered Care Manager: Julie Oakes - RCM, RMA, Dip. Dementia Care
- 🌸 Executive Chef: Simon Searle

Holmwood, Milford Manor, Castle View, Kimberly West & East and Little Manor Care Centers are all owned by Pauline & Matthew Airey (Founding Directors) with their daughter and son Jodie Scott (Operations Director) & Christian Airey (Business Director) and are the sole Directors and Owners of Wessex Care Ltd Company Number: 4677336.

They can be contacted at the company offices; 11 Tollgate Road, Salisbury SP1 2JA. Tel: 01722 336933, Fax: 01722 337347. Wessex Care is a BS EN ISO 9001: 2008 quality registered company.

All Wessex Care services are focused at meeting and achieving positive outcomes for residents while supporting and maintaining health, independence, and choice.

Matthew Airey, Founding Director - CQSW

Wiltshire Care Partnership Chair, Wiltshire Regional Chair & National Director Registered Nursing Home Association.

Along with wife, Pauline, Matthew founded Wessex Care in 2001, having worked in health & social care services for over 40 years, ten of which were in senior management roles within social services. He was responsible for delivering services to children and families in need of support, care and protection in Wiltshire and Hampshire.

Pauline Airey, Founding Director - Cert. Ed, B.Ed, RMN

Pauline has been a qualified nurse for over 40 years and for the past twenty years has specialised in the care of older people in nursing and residential homes where she has held senior positions including Matron/Care Manager and Clinical Director.

Alison Stone, Finance Manager - BTEC National Diploma, City & Guilds IT, AAT[3]

Alison has been with us since November 2005, starting as an assistant administrator before training at our company accountants for six months. She then took over managing our accounts and was promoted to financial administrator in 2009 and Finance Manager in 2014.

Janet Hope, Placements & Quality Assurance Manager

Janet has worked in the NHS for over 30 years covering development and operational responsibilities including managing 16 operating theatres, surgical, ambulatory and musculoskeletal directorates and became Head of Patient Flow at Salisbury District Hospital in 2014 then heading up the Integrated Discharge Service (IDS) across South Wiltshire. In her role as Head of the IDS Janet has gained extensive experience in supporting adults and older people in the coordination and provision of appropriate placement and care support. Janet joined Wessex Care as the Placements and Quality Assurance Manager at the end of April 2019.

Christian Airey, Business Director - BA (Hons)

Christian has been with us since November 2002 starting as a maintenance assistant followed by student administrator. Following graduation from Edinburgh Napier University Business School in 2010 he became our Business Administrator then, on promotion, Business Manager. Christian joined the Board in 2015 as the Business Director responsible for all day to day business support matters across the company including Human Resources and Health & Safety management. He is supported in this role by the new appointment of Jonathan Scott into the Business Support Associate role.

Jodie Scott, Operations Director & Registered Care Manager - Cert. H&SC, RCM, RMA

Jodie joined our team in October 2001 as a junior carer. She worked as a welfare coordinator between our homes and the local community, before becoming Deputy Manager at Milford Manor, Manager at Holmwood, and then set up the Community Care Team with the support of Agnes Atras (Head of Care). She later became the company-wide Service Manager until she joined the Board in 2015 as the Operations Director. Today Jodie is the most senior Operations Manager responsible for all day to day operational matters across the company. She is supported in this role by our Service Manager Jo McMahon, Placements & Quality Assurance Manager Janet Hope.

Jo McMahon, *Service Manager - Cert. H&SC, RCM, RMA*

Jo joined Wessex care in 2021, she has been working in the care sector for over 20 years, beginning her career as a carer within the learning disability and challenging behavior resident group, then progressing through her career to senior carer, team leader, team manager, manager, Registered manager to Regional registered manager then General manager. Jo has managed within community care and care home sector in areas of complex needs, YPD and elderly care. Jo has a varied span of knowledge and qualifications and offers support and senior line management to all the services we provide within Wessex Care.

Julie Oakes, *Registered Care Manager - RCM, RMA, Dip. Dementia Care*

Julie has been with us since we took over Milford Manor Care Home in 2004, but has worked in elderly dementia care for over 25 years. During her time at Milford Manor she was promoted to Deputy Manager and then became the Registered Care Manager in 2009. Julie began her new role as Operations Support Associate in 2018 and has combined this with her Registered Care Manager role at Holmwood in 2020.

Simon Searle, *Executive Chef*

Simon joined the team in 2006 as a chef and has been promoted to Senior Chef and then Executive Chef in that time. Simon supports the chefs and oversees the running of the kitchens in all our homes and works with them to ensure all residents receive a balanced and nutritious diet, taking their personal needs and preferences into account.



The photograph above represents our specialist Community Care team. Apart from their work to support people living at home they also support all of our nursing and residential services with care plan specific, outings.

Employee Details

Other than Care Manager (as of July 2021)

Senior/Shift Leaders

3 experienced Diploma 3/4

Senior/Qualified/Health Care Assistants

8 experienced Diploma 2/3

6 currently undertaking Diplomas

Catering Staff

1 Chef

1 relief cook

Welfare

Welfare Assistant (in support of all Wessex Care homes)

Average of 30hrs per week/6 hours per day 5 days per week at Holmwood

House Keeping

2 Domestic

Maintenance *(additional in support of all five Wessex Care Homes)*

1 Maintenance Manager

2 Maintenance Officers

2 Garden/Grounds person

1 Infection control cleaning specialist

Staffing Cover Arrangements

- Senior cover: there is at least one senior member of staff Shift Leader, Senior Carer on duty 24 hours a day for every day.
- Carers: there are four carers, including the seniors, between 8am and 2pm, three between 2pm and 8pm, and one carer with a senior in charge between 8pm and 8am.
- In addition there are Catering, House Keeping, Maintenance and Welfare dedicated employees supporting the residents, families and visiting professionals with Management, Consultancy, Administration and Training staff to assist.

Visiting Professionals

- GP's
- District Nurses
- Social Workers
- Community Psychiatric Nurses
- Intensive home support workers
- Registration and inspection Inspectors
- QCF Assessors
- 1 Chiropodist (visits eight weekly or according to individual need)
- Psychiatrists (according to need)
- Tissue Vitality Nurses (according to need)
- 2 Dentists (according to individual need)
- 1 Optician (according to individual need)
- Advocacy Representatives
- Physiotherapists (according to need)
- Occupational Therapists (according to need)
- Multi Denominational Clergy visiting regularly as well as on request
- Dementia Care/Mental Capacity consultant/trainer
- Health & Safety/fire, consultants/inspectors/trainers
- Funded Nursing Care (FNC) and Continuing Health Care (CHC) criteria nursing assessors.

Other Non Professional Visitors

- Help the Aged
- Library
- Entertainers
- Care Home Volunteers
- Numerous activity organisers and presentations
- Weekly Hairdresser

Organisational Structure



Service users

Holmwood specialises in adult and older person care where out of choice or frailty the person chooses/needs to live in a supported/protective environment where all their daily needs for comfort, warmth, nutrition, companionship and mental health support are available in the home 24hrs per day. Generally our service users are 50 years of age or older however we can and do consider pre 50s where the above criteria is relevant.

Range of needs home is intended to meet, support and improve where possible:

- Frail adult, older person
- Diabetes
- Incontinence
- Controlled epilepsy
- Baths to support community care
- Holiday short stay respite relief
- Daily respite
- Memory issues and or early stage dementia/ Mental Health support
- All other conditions specific to the care of the older person
- Crisis admissions to support intensive home care and avoid hospital admissions
- Mild learning disability for short-term respite
- 24hr all year round staffed care is provided

Admission Policy & Procedures

Long Stay (please note we will send clothing labels with contracts)

Admission requires pre-admission care assessment, usually carried out by the Placements Manager, in order to ascertain care needs and to ultimately ensure that each service user is appropriately placed.

Emergency/Respite/Crisis/IC

Placements Manager will discuss with other bodies/agencies involved with the care of potential service users appropriate placement on a short-term basis and if necessary accept a 'Trusted Assessment' or carry out a home assessment.

SOS Bracelets & Technology Tracking

Will be provided where care assessments indicate and or families consider they would be helpful.

Chiropody, Foot Care & Nail Clipping

Due to the specialist care older people often require with the clipping of their toe nails, we do not undertake this service and strongly recommend the service of a qualified and registered Chiropodist.

Families who wish to clip their relatives toenails themselves will be required to sign a disclaimer form and should not undertake this without first consulting the person in charge and in some circumstances this may require the advice of the residents Doctor.

Welfare, Social Activities, Hobbies & Leisure Interests

Wessex Care's approach to welfare and activities has been acknowledged by social and dementia care specialists as the benchmark to which others should aspire and has been embedded in our care practice for over two decades.

The welfare programmes are designed to build mental stimulation, aid orientation and promote conversation. Each home employs a dedicated welfare assistant whose primary objective is to meet the individual welfare needs of the residents. The welfare programmes are fun focused, but also sensitive to the needs of the residents, designed to facilitate re-enablement and socialisation as well as accommodating the wishes, needs and requests of residents and their families.

The progressive activity programme is designed to encourage mental alertness, self-esteem, social interaction and community involvement. The group places great importance on service users retaining their independence and freedom of choice, and the dedicated Welfare Assistants ensure that every welfare plan reflects individual interests. There is a strong commitment to enhancing links with the local community. This includes for example resident participation in the Wiltshire Council scarecrow and garden competitions and regular visits to the Winterbourne Community Farm project. Residents also take part in silk painting and wool spinning during the annual Salisbury Arts Festival.

Wessex Care residents are also able to participate in regular outings to the cinema, to Wilton shopping village, the Salisbury Playhouse and the City Hall, and in the summer further afield to the beach, local farms and aquariums. They also work with the 'Alive' charity who run a variety of workshops involving music and dance therapy. Their programme includes circle dancing, such as movement with objects that stimulate the senses, as well as more traditional activities such as chair exercises, Teacher Creatures (bringing animals to the community) and using pets as therapy.

Wessex care also uses tablet technology, where appropriate, to support reminiscence and mental stimulation.

Consultation & Information

- Service users and families are always invited to attend statutory reviews of care.
- Views of service users, families and friends will be sought accordingly to the review of social care plans.
- On admission the service user, family and friends will be informed of their senior person and carer and will be informed of the care plan review date. Any comments, contributions will be actively encouraged in order to accurately facilitate the reviewing process.
- At review the resident, family and friend's views will be ascertained regarding the homes operation and the care received.
- We seek to actively encourage all people having contact with Wessex Care staff and its service users to voice any issue pertaining to any aspect of the care and or running of the home. The visitor's comments/concerns leaflets and suggestion box is available in the front hall, alternatively, and preferably, please speak to the person in charge.
- Inspection Reports are always available along with, menu plans, and relatives information book in the front hall.**
- Other residents and visitors information including forthcoming activities and events are available on the notice board in the front hall
- We conduct Residents and Relatives coffee mornings on a weekly basis where feedback is collected and discussed. This information is available in the Coffee Morning Meeting.
- All residents and relatives have an open invitation to these meetings which includes on a quarterly base a feedback questionnaire.
- Wessex Care engage an independent specialist company [Care2improve] to conduct an annual anonymous customer , relative, employee and visiting professional detailed feedback review covering all aspects of care and running of the services.
- Managers are responsible for ensuring that we regularly consult and communicate with all relatives and for ensuring that concerns or requests for information are quickly addressed.
- Further information is always available on our website: www.wessexcare.com

Concerns & Complaints

We welcome feedback about what we do, both good and bad.

Our aim always is to provide the highest quality care but we realise that sometimes things can go wrong. We need to know if Residents and Relatives are unhappy about any aspect of the service we provide so that we can learn and put things right.

We will do our best to assist and support people to access our Complaints procedure but we are aware that Residents and Relatives may prefer to contact an independent organisation. Details of an Independent Advocacy Service are provided at the end of this procedure.

We operate a three stage Complaints procedure:

Stage 1 – Local Resolution

Any concerns should be brought to the attention of the most senior member of staff on duty and/or the Care Manager/Head of Care as soon as possible. The member of staff will listen to the concerns and do their best to address and resolve misunderstandings or misconceptions and put right any mistakes that may have arisen.

In most instances concerns can be resolved straight away but every attempt will be made to deal with matters within 7 days of them being brought to our attention. If it is likely to take longer, we will ensure that the person who has raised the concern is notified and given an indication of when we expect to be able to give a response.

Where it appears that the Concern or Complaint may be of a serious nature, or where it seems that it is unlikely to be resolved informally, the Care Manager may wish to pass it to the Wessex Care Head Office in order to access Stage 2 of the procedure straight away.

We will usually provide Residents and Relatives with a verbal response but all concerns and complaints are logged in our Complaints Book and reviewed regularly by the Care Manager/Head of Care. The Directors and Service Manager also monitor all concerns and complaints.

Stage 2 – Company Investigation

We hope to be able to resolve concerns and complaints locally within the home. However, if the Resident or Relative is dissatisfied with the response they received at Stage 1, they can make a formal complaint directly to the Wessex Care Head Office. Complaints can be made by phone or in writing. All complaints will be treated as urgent and passed on to the Senior Manager.

The Senior Manager will arrange for a meeting to take place with the complainant to clarify the issues that remain unresolved and arrange for an appropriate investigation of these. In some instances, an appropriate independent person from outside Wessex Care will be asked to undertake the investigation.

The Senior Manager will consider the outcome of any investigation and identify any lessons that we need to learn and ensure that these are recorded and acted upon. A formal written response will be made to the person who made the complaint. We will let them know what the findings of the investigation were and what actions we may be taking to resolve matters.

We will usually be able to offer a response to a complaint within 28 days but where that is not possible we will ensure that complainants are kept informed of progress and advised of a date when we will be able to formally respond. Complaints and outcomes are always recorded for regular review by a Director and for monitoring by CQC.

Stage 3 – Review

If a Resident or Relative is not satisfied with the responses we have given at Stages 1 and 2, they can raise the matter with the Directors by phone or in writing to them at Wessex Care Head Office within 14 days of receipt of the Stage 2 response. A Director who has not had previous involvement in the complaint or its investigation will review the complaint and what has been done to try and resolve it so far. In some instances, the Directors may appoint an appropriate independent person from outside Wessex Care to undertake this.

The Directors will ensure that a formal written response is provided to the Resident or Relative who has requested the review. Usually that will be within 28 days but any anticipated delays will be communicated. The formal response will give an indication of what action may be necessary to resolve matters that have been considered. In addition, the Directors will offer to meet with the Resident or Relative to explain the conclusions that have been reached.

As at other stages of the procedure, complaints and what we have done about them are recorded for monitoring by CQC.

This represents the end of our complaints procedure.

Residents and Relatives should be aware that if, during the investigation of a complaint, it becomes evident that there are Disciplinary or Safeguarding issues that must be addressed, those procedures will take precedence over the Complaints Procedure which will be suspended to allow such matters to be fully investigated and concluded.

Other options

If we have been unable to resolve a complaint after all three stages of our procedure, there are 3 possible routes that can be taken, depending on who is paying for the care:

- Where care is funded by the NHS (CHC), Residents and Relatives should contact PALS who will advise them of next steps.

Phone: 0800 389 7671

Email: pals@wiltshire.nhs.uk

- Where care is funded by the local authority, Residents and Relatives can take their complaint to the relevant social services department who will advise them of next steps.

Wiltshire Council

Bythesea Road, Trowbridge, BA14 8JN

Phone: 0300 456 0100

- Where residents are paying for the care themselves (self-funders), they can contact the Local Government Ombudsman:

The Local Government Ombudsman

PO Box 4771, Coventry CV4 0EH

Phone: 0300 061 0614 or 0845 602 1983

CQC and Complaints

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. They are responsible for checking that providers meet important standards of quality and safety but do not look into individual complaints about services. However, when they visit us to carry out their inspections, they may choose to review records of the complaints we have received and how we dealt with them. This information is taken into consideration when they make their judgement about the home.

Independent Advocacy Service

Rethink

Unit 2 The Halve, Trowbridge, Wiltshire, BA14 8SA
01225 774279/0784001862
wiltadvocacy@rethink.org

Independent Mental Capacity Advocate (IMCA)

The Mental Capacity Act 2005 provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves. This may be because of a learning disability, an illness such as dementia or brain injury or mental health problems. It sets out who can take decisions, in which situations, and how they should go about this.

The Act specifies the principles that must be applied by everyone who is working with or caring for adults who lack capacity. It also provides options for those who may choose to plan and make provision for a future time when they may lack capacity. The Mental Capacity Act creates a new service, the Independent Mental Capacity Advocate (IMCA) service.

Its purpose is to help vulnerable people who lack capacity who are facing important decisions made by the NHS and Local Authorities about serious medical treatment and changes of residence - for example, moving to a hospital or care home. NHS bodies and Local Authorities will have a duty to consult the IMCA in decisions involving people who have no family or friends. Local authorities and NHS Trusts will be required, when making important decisions about serious medical treatment or change of accommodation for people who lack capacity, to appoint an IMCA to represent the individual if there is no-one else to support them.

Appointing an IMCA contact

SWAN Advocacy Network 26 Milford Street, Salisbury, SP1 2AP
Tel. 01722 341851/Fax. 01722 341379
mail@swanadvocacy.org.uk






Business Continuity Plan

Business Continuity Planning is defined by the Business Continuity Institute as 'advance planning and preparation which is necessary to identify the impact of potential losses, to formulate and implement viable continuity strategies, and to develop continuity plans which ensure continuity of organizational services in the event of an incident.'





In 'lay-man' language this means having a plan for when things go wrong so that the business may continue to function as best as possible. Such events may range from fairly minor in nature, such as the lift breaks down for a few hours, to catastrophic, where the premises are taken out of long-term use due to severe flooding or a major fire.

Emergency Procedures



Fire

-  The home has extensive fire protection and should there be a fire all fire doors automatically close to protect residents in any room.
-  Fire alarms and doors are checked and tested on a weekly basis and are interconnected with smoke and heat detectors.
-  In the event of an outbreak of fire we follow the HM Government Fire Safety Guidance for residential care premises, which is inherent in our Fire Policies & Procedures. This includes, 'delayed horizontal evacuation' away from the risk areas to an internal and or external place of safety. In addition we follow instruction as set out by the attending Dorset & Wiltshire Fire and Rescue Services who also review our fire policies, procedures and drills and know our buildings well.
-  We have a full Fire Risk Assessment in place, which is conducted, and reviewed annually by Stuart Richie MIFireE from SR Fire Safety.
-  All employees and agency staff receive fire safety instruction before commencing work and Stuart Richie conducts compulsory six monthly fire training for all staff. There are fire extinguishers placed on all floors.

Power loss

-  The homes heating systems are regularly maintained and we have emergency response contracts in place to ensure a fast response should a problem arise.
-  In an emergency situation we would be able to provide hot food for any of our other homes in Salisbury.
-  Emergency lighting is independently supplied by batteries. Further additional lighting is held in store.
-  Additional blankets and heaters are held in stock.

Evacuation

-  Should evacuation be necessary we would follow the advice/direction and arrangements that would be put in place under the Wiltshire Council Civil Emergency procedures.
-  Any situation outside of this procedure requiring short term (24-48hr) evacuation will result in us using our other homes in Salisbury to accommodate our residents.

Local Member of Parliament & County/City Councillors for: Holmwood

Member of Parliament:

Mr John Glenn - 01722 323 050

Wiltshire Councillor:

Charles McGrath - 07734 265 752

charles.mcgrath@wiltshire.gov.uk

Salisbury City Councillors:

Charles McGrath - 07734 265 752

Jo King - 07718 554 7

Alan Bayliss - 07898 919 133

charles.mcgrath@wiltshire.gov.uk

jking@salisburycitycouncil.gov.uk

abayliss@salisburycitycouncil.gov.uk









We ensure that all residents able to vote are facilitated to vote directly or by post.

Religious Practice

Transport can be arranged for any service user wishing to attend religious services of any denomination. (An escort can be arranged for an appropriate fee).

Arrangements can be made for clergy to visit the service user within the home.

Contact with relatives /friends/representatives

-  Visitors are welcome at any time but are advised to discuss with the person in charge any times when service users may be otherwise engaged e.g: bath time, day time nap etc.
[see special arrangements for IC placements]
-  All bedrooms at Holmwood have a private phone connected as part of the homes overall system.
-  We can provide assistance with making and receiving calls.
-  The person in charge will individually deliver all service users mail received into the home.
-  Assistance will always be given for the reading, writing and posting of mail.
-  Assistance can be given to organizing travel arrangements for social visits/functions etc.
(An escort can be arranged for an appropriate fee).
-  We aim to provide points of contact with external bodies/agencies for those service users who have no family/friends or representation.
-  We offer meals/snacks/drinks to all visiting relatives if they require.

Facilities (July 2021)

- Close to the historic and beautiful town centre of Salisbury and all its amenities including Bus and Rail links
- 1 local shop within walking distance
- Building dated 1900s on three floors with a lift to all floors.
- 1 single bedroom with at least 10sq.m of usable space
- 8 single bedrooms en suite with at least 10sq.m of usable space
- 1 single bedroom with at least 13sq.m of usable space
- 2 single bedrooms with at least 14sq.m of usable space
- 6 single bedroom en suite with at least 14sq.m of usable space
- 1 bed sitting room/double en suite with at least 18sq.m of usable space
- Many bedrooms afford beautiful views of the garden and countryside – all are fully furnished, if this is required, and have vanity sink units
- Fully equipped homely kitchen
- 1 resident/relatives kitchen
- 2 disabled shower rooms
- 1 Disabled bathroom
- 3 additional toilets
- 2 lounges overlooking the garden
- 1 dining room over looking the garden
- 1 office room
- 1 fully equipped laundry

Room Choice & Selection

Unfortunately, due to demand, there is very rarely a choice of rooms to select from. However when this is possible we take into account the individuals, family/friends wishes.

Residents may in special circumstances need to be moved from one room to another or from our residential home to our nursing/specialist homes. This would be for identified care needs, resident, family/friends wishes and would only be done after due consultation with everyone involved.

Therapeutic Services

The home is not a therapeutic unit, however all staff are encouraged and trained to interact with service users in a therapeutic manner.

The Directors, Senior Managers and trained staff have a significant range of qualifications and experience encompassing physical, mental, social and educational skills necessary to enhance/train all staff in key therapeutic techniques and skills e.g:

 Effective communication

 Listening skills

 Counselling


 Benefits of relaxation

 Benefits of reminiscence

 Reality orientation

 Dementia care

 Bereavement and loss

 Individual based activities
e.g: massage – hand and feet,
manicure, music.

Care Planning & Delivery

The home is dedicated to providing a high standard of care, which is tailored to suit individual needs. In addition the home pays particular attention to the following areas:

1. Nutrition:

Nutritional needs including height and weight are assessed before admission and thereafter routinely reviewed and monitored monthly or as individual needs change.

Dietary intake may be monitored and full assistance is given to residents who are unable to eat and drink independently. The home uses the Malnutrition Universal Screening Tool as set out by the Malnutrition Advisory Group, should a residents nutritional needs be compromised. The home also liaises with GP's. and dieticians as individual needs dictate.

2. Tissue Viability:

Many factors may affect individuals skin integrity. In order to minimise the risk of skin or tissue damage the home will assess the residents risk of skin breakdown, 'pressure are risk' before admission and thereafter within six hours of admission.

The home uses The Waterlow Scale, a recognised format adopted and used by many National Health hospitals. The risk is subsequently reviewed routinely monthly and as individual need dictates. A range of pressure relieving equipment is available as individual needs are identified and are sourced through the PCT as necessary.

3. Continence Care:

The home is committed to promoting continence and will assist residents to remain so for as long as possible. However the home does not consider that incontinence is an insurmountable issue and a range of continence products are provided and used following individual assessment of need. The Continence Advisory Service works closely with the home to ensure that resident's needs are being appropriately met.

4. Falls:

The home recognises an individual's right to move freely and safely about the home when and where they choose and will encourage and promote mobility. Every assistance will be given to assist with mobility, as need dictates. Physiotherapists can be accessed through residents' own G.P.

The home monitors and assesses various potential influencing factors in order to minimise the risk of injury from stumbles and falls. The assessment carried out is based on guidance from the National Institute of Clinical Excellence [NICE]. All falls and stumbles are recorded. The Manager audits all falls and will address individual issues accordingly.

5. Overall Well Being:

The home's philosophy of care is that a person's needs should be individually addressed physically, psychologically and socially in a safe and friendly environment in order for them to feel valued, respected and fulfilled. As well as obtaining knowledge of medical and physical needs a detailed social, psychological and personal history is obtained which forms the basis of the assessment and care planning process.

The plan focuses on a person's strengths, abilities, likes and dislikes, and every opportunity is given for the person to exercise the right to choose and make decisions about their daily life.

6. End of Life Care

All Wessex Care homes whether nursing, mental health, dementia or frail older person homes support older people in the latter stages of their lives and therefore have considerable experience in supporting individuals, families and friends during the period leading up to the end of an individual's life. This period of care is known as, end of life care or palliative care.

Key senior nurses receive specialist training and all Health Care Assistants receive internal specialist training. We work closely with all agencies, particularly the hospice to support a peaceful and pain free passing to ensure all areas are addressed and that an integrated agency approach is available to the individual on a 24 hour basis.

Respite Service

The service aims to be flexible and supportive for both user and carer. The home can provide daily or overnight/short stay respite care for up to two weeks.




During any stay the home is able to provide assistance with all aspects of personal care including maintaining continence and bathing, and can arrange for a visit from the hairdresser and chiropodist if required. The staff will also assist with eating and drinking and monitor weight if necessary and will administer medications as required.

The home recognises the need for residents to feel emotionally and socially fulfilled and has a Welfare Coordinator who is responsible for setting up and overseeing all activities and social gatherings both inside and outside of the home. Activities, group and individual, vary on a daily basis and are flexible to suit the resident's needs and wishes. Respite residents will be encouraged to participate in the homes activities and be fully integrated into the homes routine.

All new residents with their carer are invited to the home prior to any respite stay. Senior staff and the welfare coordinator will during the visit request information about the resident physically, socially and mentally in order to understand their needs and preferences and to then compile a comprehensive care plan. The care plan will remain in the care office and will be amended in consultation with the resident and carer accordingly.

Three places are available at any one time from Monday to Friday [a minimum of one session per week is required and must be pre-booked] and one bed for overnight and short-term stay.

The home can accept persons during the day at the following times:

-  Mornings – 09.30am – 12.30pm
-  Afternoons – 1.30pm – 16.30pm
-  All day from – 09.00am –16.00pm

Protection of Vulnerable Adults

Zero Tolerance

Wessex Care provides mandatory video based training for all care staff covering four key adult protection areas.

 What is abuse

 Responding to Abuse

 Minimising risk of Abuse

 Roles and Responsibilities.

All senior staff receive training from Wiltshire Council in line with their 'Adult Protection' policy and procedures document.

Wessex Care has fully adopted the Wiltshire Safeguarding Vulnerable People Partnership Board policy document on adult protection into its policy and procedures.

All staff, on appointment, have Protection of Vulnerable Adults (POVA) and Disclosure & Barring Service (DBS) checks conducted. All staff awaiting DBSs are identifiable by their badge and are required to work accompanied when assisting residents. Full employment history is required along with two references which we check validity.

We take all concerns and allegations from anyone regarding the protection and welfare of our residents very seriously.

Anyone abusing our residents whoever they maybe or what ever their level of responsibility will be reported to the authorities and face dismissal on gross misconduct grounds. We operate a zero tolerance approach to any abuse of our residents.

Protection of Employees

Zero Tolerance

The staff at Wessex Care are dedicated to providing an excellent service of care and welfare to our residents.

We firmly believe that our staff have the right to carry out their duties without fear of abuse, harassment or intimidation from any person visiting the Home. Wessex Care recognises that it has a duty of care to its staff in ensuring the maintenance of a safe and healthy working environment. In this respect management are committed to ensuring that staff are enabled to work in an environment that is free from the threat of violence, abuse and harassment.

Unacceptable behaviour towards a staff member will be classified as follows:

-  Shouting/aggressive behaviour
-  Swearing
-  Threats or threatening behaviour
-  Actual violence.

Unacceptable behaviour towards a staff member will not be tolerated under any circumstances. It is our policy that, if necessary, management will use the full extent of the law to protect its staff and will support staff in the prosecution of offenders. This will include taking out private prosecutions in the event that the Crown Prosecution Service or Police are unwilling to act.

Employee Uniform

-  Care Manager - Navy Blue Scrubs
-  Shift Leaders – Navy Blue Scrubs
-  Care Assistants – Pale Blue Scrubs
-  Chefs - Chef Whites
-  Welfare Assistants – Pink Scrubs
-  Domestics/laundry – Light Green Scrubs

All employees should be wearing a badge with the company name, their name and designation clearly evident.

Privacy & Dignity

- 🌸 All bedroom doors can be fitted with locks (care plan risk assessment permitting).
- 🌸 All staff will knock before entering any room.
- 🌸 Provision can be made to receive visitors, make telephone calls in private areas other than bedroom.
- 🌸 All confidential information is securely held and is only accessible to trained staff and other professional bodies necessary to meet the care plan needs.
- 🌸 Individual personal care is reviewed frequently with, where possible, the active participation of the service user.
- 🌸 We actively encourage decision-making re. aspects of general daily living.
- 🌸 We respect the right to choose and take informed risks, and to remain independent for as long as possible.
- 🌸 We respect any cultural and or religious heritage and will actively seek to provide an environment in which these may be expressed.



What Fees Will be Required

Please see 'Conditions of Admission and Terms of Business' specimen contract in the enquiry pack or the contract you will receive from Wessex Care's Administrator which will explain the fees payable in your or your relatives particular circumstances.

There may be discounts applied from time to time to the standard or other rate charged for care to reflect, for example, bulk purchasing of our services.



When & How Fees are Reviewed

Provided there are no changes to your needs or the services you require your Fee is fixed up to 31st March each year.

We will review and increase the Fee once a year on the 1st April in line with the following formula, unless there are exceptional circumstances that we need to take into account and then we will use this formula plus a consideration for additional exceptional cost percentage on the fee.

Exceptional cost could be one off or a permanent addition and will be defined as any additional cost incurred as a result of Government legislation, Government Department, Local Authority, NHS requirement, guidance and action E.g. the cost of supporting the requirements and guidance associated with the COVID 19 pandemic.

<i>Type of cost</i>	<i>% of your weekly fee</i>	<i>How we calculate the increase</i>
Staff Costs	65%	We increase this element of the fee by the same % increase in Real Living Wage
Non-staff Costs	35%	We increase this element of the fee by the same as the Consumer Price Index plus Housing (CPIH) for January of that year

For example, where your fee is £1,000.00 per week and the Real Living Wage has increased by 5% and the CPIH is 10%, your new fee will be £1,067.50 per week, calculated as follows:

<i>Type of cost</i>	<i>% of your weekly fee</i>	<i>How we calculate the increase</i>
Staff Costs	65%	65% of £1,000.00 = £650.00 £650.00 x 1.05 = £682.50
Non-staff Costs	35%	35% of £1,000.00 = £350.00 £350.00 x 1.10 = £385.00
New Total:		£682.50 + £385.00 = £1,067.50

This equates to an increase of **£3,510.00** over the year

You can find a link to percentage changes in CPIH from the Office of National Statistics at <https://www.ons.gov.uk/> or by asking the Finance Manager.

We will write to you by 3rd March each year to confirm the changes arising from our annual review and the new rates will apply from 1st April each year.



Moving Rooms

Wessex Care reserves the right to ask the resident to move to another room or home if considered necessary.

This would only be done after due consultation and with agreement, unless there was a clearly defined medical, nursing or health & safety reason or where the resident is in a defined 'Premier' room, (which are all privately funded) and they then transfer to Local Authority funding, then they will be required to move to a 'Standard' room as Local Authorities do not fund 'Premier' rooms.

Residents may request a room move and where possible this will be facilitated. This may require an increase or decrease in the required fees. E.g: a move from a single standard to a shared double would reduce the fees and visa versa, a move from a single standard to a single premier room would increase the fees and vice versa.

What is Included in the Fees

Fees at Wessex Care Homes will cover all aspects of in-house care with nursing if the home is a registered nursing home, accommodation, heating, lighting, full board and laundry (excluding delicacies and special treatments e.g: dry cleaning).

What is not Included in the Fees

Other services are available which attract additional cost.

These are: nurse escort service £30.00 per hour, carer escort service £20.00 per hour, Chiropodist consultation, hairdresser etc. charges are displayed and updated on the homes notice board.

On vacation of room; clearance and disposal of furniture, electrical equipment type items and personnel effects that family's and or responsible person do not wish to be retained, will incur a charge of £50.00

Provision of laundering of delicates and special treatments, newspapers, individual phone line and usage costs (except Holmwood, Kimberly West & East Care Centers, Little Manor Care Centre where a phone is available in each bedroom room and only usage costs apply), theatre and other admission tickets, club fees, transport costs to family/friends, hospital, theatre and clubs etc, private consultations/treatments and personal toiletries are charged at cost with no administration charge added.




Any time there is a variation to the charges for these additional services an updated schedule will be displayed on the "Residents Notice Board" and a copy will also be provided to you and or the responsible person. *(Additional costs correct at time contract issued but are subject to change at anytime).*

For all respite and Intermediate Care services only: all continence and or continence support equipment; where required must come with the individual along with a change of clothing or there will be a levied charge.

Trial Period

The first month will be considered a trial period, after which a resident has the option to leave, or be requested to leave by Wessex Care at one week's notice.






Criteria for a request to leave would be:

-  Following admission the care assessment indicates that the resident's needs cannot be met by the Care Home and thus the residents needs do not comply with the Health & Social Care Act registration criteria for the Care Home.
-  Following admission the required 'relationship of trust' that must exist between the organisation giving care and the individual, or family of the individual, receiving care has irretrievably broken down, or the 'relationship of trust' between the care home giving care and the family/appointed person for the resident has irretrievably broken down.
-  The individual or organisation responsible for paying the fees has failed to pay the fees in accordance with this contract terms and conditions.

Legal Tenancy Position & termination of contract

Continuing residence at a Wessex Care Home does not constitute a tenancy within the meaning of the Rents Act. Wessex Care therefore, reserves the right to terminate the licence to occupy a room on formal written notice of 28 days. On the resident's side, termination of occupancy must be given by formal notification in writing giving 28 days notice. Should the resident leave a Wessex Care home without giving the required notice, payment of fees in lieu of notice at the normal monthly rate plus any short fall in payments in regard to free nursing care payments will become payable.

Criteria for a formal written notice from Wessex Care of 28 days to terminate occupancy:

-  Following a care assessment the care review concludes that the resident's needs cannot be met by the care home and thus the residents needs do not comply with the Health & Social Care Act registration criteria for the home. This can be verified by a CQC inspector.
-  Following a care review it is concluded that the 'relationship of trust' that must exist between the care home giving care and the individual receiving care has irretrievably broken down or the 'relationship of trust' between the care home giving care and the family/appointed person for the resident has irretrievably broken down.
-  The individual or organisation responsible for paying the fees has failed to pay the fees in accordance with this contract terms and conditions.
-  Breaches of Health & Safety requirements, which endanger safety and welfare. E.g: failure to have electrical equipment tested (see personal electrical equipment information below).
-  The home is required to close for any reason.

What happens to fees in the event of death?

In the event of death, fees will be charged for a maximum of 3 days, in line with Local Authority contracts, from the day after death. This is to allow families, loved ones, professionals appropriate dignified time for administration requirements on death and removal of personal belongings. Additional time will be charged at a day rate compatible with the weekly fee. Any outstanding fees for residents will be charged to their estate, or appointed representative.

What happens to fees in the event of prolonged hospitalisation?

In the event that a resident is admitted to hospital the fee will remain chargeable throughout the hospitalisation period. If and when it becomes clear that the resident will not be returning then a discharge date will be agreed with the resident/responsible person and fees will be charged in accordance with the fees in event of death paragraph above.




Insurance

Wessex Care has employee liability, buildings and loss of business general cover as required.

In addition Wessex Care's existing insurance policy covers personal effects up to a maximum of £500.00 per resident. Loss of money is not covered. The policy is not an all-risks policy and residents should take out their own additional insurance if required. Wessex Care will not be obliged to compensate any resident who suffers a loss if Wessex Care's insurance policy does not cover such loss, except in cases of negligence or default by the Care Home or its employees.

Photographs

Written consent will be necessary for the taking of photographs. The purpose of these photo's are three fold:

-  The identification of the individual for care and medicine records.
-  In support of evidence based nursing and care practice, e.g: the recording and monitoring of wound management.
-  Recording of social activities, celebrations and all media advertising.

Photo's obtained under 1 & 2 will remain with the care plan file and be destroyed in accordance with Wessex Care archiving policy. All care plan files are retained for three years following discharge or death at which point the files are destroyed.

Photo's obtained under 3 will be given, on request, to the resident or residents next of kin/responsible person on discharge or following death.

Third Party Involvement

Care Plans, resident files, confidentiality & General Data Protection Regulations (GDPR) requirements.

Care plans and customer files are required for the recording and monitoring of all aspects of care delivery. In development and continual review of the care plans it is necessary to give and receive confidential information from statutory agencies, e.g: NHS, Social Services, Police, Care Quality Commission, for the purposes of health & well-being monitoring, safeguarding and protection. The keeping and sharing of these records is a requirement under the Care Act and therefore do not breach confidentiality rules. These records remain the property of Wessex Care at all times.

In the course of their duties Wessex Care staff will be privy to confidential information concerning customers' private affairs:

It is a condition of employment with Wessex Care that such information shall not be disclosed to any unauthorised third party without the express consent of the customer, or if the customer is unable to judge, the customer's immediate family or advocate.

Confidential information will not be sought from a customer unless expressly in the interests of that customer, i.e. to enable a better Care Plan to be developed.

The customer shall be kept informed at all times of the outcome of confidential discussions by the Care Staff concerning them.

Care Staff will always consult their immediate supervisor or manager if they are unclear with respect to any item concerning confidentiality, or when made privy to confidential information that may have legal and or safeguarding implications.

Notwithstanding these factors there may be occasions when this Confidentiality Policy may be breached. This will always only be done with the customers' best interests in mind, and will focus upon the following circumstances:

- Where information provided by the customer needs to be shared with management of the service, and with other named Health and or Social Care agencies, for the express purpose of developing an appropriate Care Plan for that customer.
- Where the customer has particularly requested certain information to be divulged to a third party. In such cases appropriate notes must be made in the customer Care Records, together with a signed record of authorisation from the customer or his/her advocate.
- Both staff and customer/relatives/advocates will also be advised that personal information held at the service may be shared with the Registration Authority, as appropriate.

Customers have the right to refuse to disclose personal information and we will always consult customers, who have 'capacity' as defined by the Mental Capacity Act, to ensure their wishes are considered and respected where ever possible as long as this does not compromise our 'duty of care' to that individual and our legal responsibilities as defined by the Care Act 2014

We reserve the right to allow third parties to chair any meeting, for example care; complaint; safeguarding reviews; this is not an exhaustive list. We will seek your consent at the relevant time to share relevant 'special categories of data' where it is necessary for the purposes of any care, complaint, safeguarding type review.



Telephone, Mobile Phone, Computer & CCTV (where fitted) Recording

- 🌸 Data Protection Act 1998 [General Data Protection Regulations (GDPR) 2018]
- 🌸 Regulation of Investigating Powers Act 2000
- 🌸 Private Security Industry Act 2001
- 🌸 2008 CCTV Code of Practice
- 🌸 Health & Social care Act 2008 (regulated Activities) Regulations 2014 with Care Quality Commission; 'Using Surveillance' guidance December 2014 (updated with the new regulations in June 2015)
- 🌸 Human Rights Act 1998

Please be aware that all telephone, mobile phone, computer and CCTV are recorded and digitally stored at all times for:

- The Establishing existence of facts for significant incidents, accidents, complaints, employment conduct and safeguarding investigations.
- To be used as evidence in support or denial of allegations of misconduct made against employees.
- To be used as evidence in support or denial of allegations regarding the behaviour between residents or between residents and visitors or between visitors and employees.
- To establish clear independent and impartial evidence regarding the care, welfare and safety of residents in particular reference to our legal responsibilities contained within the Care Act 2015 and in relation to the Care Quality Commission, Local Authority, and Clinical Commission Group inspections and or investigations.
- To inform the understanding and development support to individual and group multi- agency multi-disciplinary care plans.
- Detection of a crime or evidence for a criminal investigation.
- Detection of unauthorised and or criminal use of Wessex Care's premises and or communications systems. To be used as evidence that Wessex Care premises and our communication systems have been used for alternative purposes other than for the purposes the business and the homes registration intended.
- Training and professional development. To be used to support individual employee and the team of employees at Milford Manor in the pursuance of professional development with or without the involvement of their professional multi-agency, multi-disciplinary colleagues
- Monitoring the security of the building

All recordings remain at all times the property of Wessex Care

Access to Personnel Records

The resident or their responsible person is entitled to access these records having given reasonable notice, (28 days) and to be provided with copies of these records.

Wessex Care has an open inclusive policy to file access and principal care plans are held on a secure computerised care planing system known as Nourish. The medication requirements and records are also held on a computerised recording system known as EMARR.

In order to achieve partial or full access to a residents files, the files will require a Senior Management and sometimes a legal review to ensure that we are disclosing only what we are allowed to disclose. This is not an attempt to limit access but a process we have to follow to ensure we remain acting legally within the General Data Protection Regulation (GDPR) and thus remain within our insurance requirements.

What this means regarding Wessex Care, care files is that in principle we need to be sure that the recordings do not refer to any other resident or individual other than family members and visiting professionals. Or that the resident concerned did not leave specific instructions that they did not want all or some of their information disclosed. The former may have arisen in the welfare recordings in relation, for example, to a resident spending time with another resident.

Requests by the 'responsible person' to partial or full access to Wessex Care, care files must be made in writing to Wessex care Ltd, 11 Tollgate Road, Salisbury, SP1 2JA. Marked: Request for Care File Access. Evidence of right of access and identity

Personal Possessions

If property of a greater value than £500.00 is kept by a resident this must be covered by the residents own insurance.

Every care is taken, but residents are asked not to keep excessive sums of cash or valuable items in their rooms. A detailed list of such items must be handed in on admission and updated as appropriate thereafter. It is the resident and/or the responsible persons responsibility to ensure that the list is updated when necessary.

Small valuables can be recorded/photographed and locked away for safekeeping in the care office or can be held in the company's central safe. Alternatively residents can be provided with a secure facility for small personal possessions No responsibility can be taken for personal possessions not clearly recorded and or permanently named and secured, except in cases of negligence or default by the Care Home or its employees.

Loss of possession/money

In the event that a resident losses a possession or money while in the home the resident or family/friend should report this immediately to the Person in Charge. The Person in Charge will instigate a thorough search of the home. If this does not result in success then the Manager/Service Manager must be informed and they will take responsibility for resolving the matter in accordance with QCS policy. If discretionary reimbursement is to be considered then this must be referred to the Directors.

Loss of reading glasses, dentures, hearing aids

Every effort is made to ensure that reading glasses, dentures and hearing aids as not mislaid or lost and every effort will be made to recover them if lost. However with the onset of age can come levels of forgetfulness and with Dementia in particular a loss of awareness where and what these items are which can result in them disappearing completely or being found in the most unusual palaces. Therefore we cannot accept responsibility for replacement, except in cases of negligence or default by the Care Home or its employees.

Cash availability and safe keeping

Wessex Care operates free access to personal cash and personal small purchase service to all resident. The service is centrally administrated but locally available through the petty cash system of the individual Care Home. It offers residents or the responsible person the ability to place small amounts of money (maximum of £100) safely with the Administrator, which can pay for personal items and services and provide a pocket money type service for the resident. Responsible individuals and/or the resident will receive regular update of their balance and expenditure. This service is formally recorded and audited. The monies are placed in a business current account, which receives no interest. Wessex Care covers the banking administration cost for free. Alternatively residents can be provided with a secure facility for their money. No responsibility can be taken for money not clearly recorded and secured, except in cases of negligence or default by the Care Home or its employees.

Personal clothing

Personal clothing should be clearly marked with fixed nametags. Wessex Care can provide suitable nametags for free from the central office, contact 01722 336 933 in office hours. Wessex Care will not launder any specialist item of delicate clothing and will send all such items to a specialist laundry at the residents expense or these items can be given to the responsible person for laundering. Wessex Care will take all reasonable care with personal laundry but does not accept responsibility for loss, damage or shrinkage of personal laundry, as this is an industrial laundry process required to meet hygiene and cross infection standards, except in cases of negligence or default by the Care Home or its employees.

Personal electrical equipment

The maintenance engineer must test all electrical items brought into the Care Home before use, and they must pass an annual safety inspection for continued use. This is a Health & Safety legislation electrical requirement. This service is free and can be arranged through the central office, contact 01722 336 933 in office hours. Residents and or the responsible person are required to inform the Care Manager of any electrical items they bring in or purchase for the resident.

Residents Medication

Resident's medication is always dispensed by a nurse or appointed person who has received training in the administration of medication in accordance with national requirements as laid down by the Royal Pharmaceutical Society, Nursing and Midwifery Council and the Care Act.

Any resident's wishing to dispense his or her own medication will require the signed agreement of the Care Manager following a medication risk assessment which will include taking the advice of the residents G.P and any other relevant health or social care professional. The assessment will also seek the views of family members and or the appointed person. This assessment will review the individual's capacity to take and look after the medicine safely ensuring their own and other resident's safety and well-being. The emphasis will be to preserve independence wherever possible and safe to do so.

Resident's who purchase over the counter medication must inform the Person in Charge that they have such medicine to ensure they are safe to take this medication and that the medication is being securely cared for. Family and responsible persons must also immediately inform the Person in Charge if they have purchased medication on behalf of a resident before they give the medication to the resident. Residents can be provided with a secure facility for their medication.

Smoking

Internally all Wessex Care Homes are strictly non-smoking including the use of any type of vaping product for residents, visitors and staff. There are designated specific external smoking areas which can be used. Residents will be assisted where requested and appropriate depending on medication, care and risk assessment.

Entitlements

- Within a Nursing Home you are entitled to receive and have available a range of nursing equipment including, pressure relieving equipment and incontinence products.
- You are otherwise fully entitled to any normal NHS benefit or service (except district nurse service) that you would normally receive were you not in a Nursing Home.
- Within a Residential Care Home you are fully entitled to any normal NHS benefit or service that you would normally receive were you not in a Residential Care Home
- NHS Services & Entitlements Help Line. PALS: Phone 0800 389 7671 or email: pals@wiltshire.nhs.uk

All of the above information can appear somewhat daunting particularly when you are in the middle of organising the move to a care or home you think best meets your needs or best meets the needs of your relative. Our team are here to help so please don't hesitate to contact us and we will be happy to talk you through any of your queries. Phone 01722 336 933.

Wessex Care: 11 Tollgate Road
Salisbury, Wiltshire, SP1 2JA

Jodie Scott [nee Airey] (Operations Director)
Christian Airey (Business Director)
Pauline & Matthew Airey (Founding Directors)





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