



**STATEMENT OF PURPOSE
& SERVICE USER'S GUIDE
to
FAIRFIELD CARE HOME LIMITED**

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Limited Company Registration Number: 04546985

This document is available in large print and in welsh upon request

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Section 1.

Fairfield nursing home now operates as a limited company and is registered with the Care and Social Services Inspectorate (Wales) (CIW) under the terms of the Regulation and Inspection of Social Care (Wales) Act 2016

Fairfield nursing Home Limited

100 Felinfoel Road, Llanelli SA15 3JS

Company Registration No. 04546985

Fairfield Staff

Dr Roop Chand Chaudhry Responsible individual

Owner company director and responsible individual since 1989 for the group of homes , Dr Chaudry has a dedicated approach to the well being of each resident and through the management system will be responsible for the quality assurance of the service.

Experienced in business management on all aspects

Doctor of medicine

Member of Royal College of Physicians

Consultant Physician in NHS

Has experience in practical health care management

Ethos of health promotion

Safety security. Dignity of the service users in high class of environment with ability to adapt to changing needs

Achieving high standards of care by supporting the managers and highly trained staff

and provision of equipment

With a priority to H&S

and well-being of Si abs card team

Leon Payne Chief executive

Leon Payne has been managing care settings and multiple sites over the

past 18 yrs., in varying settings such as complex care, Domically services, nursing agencies , Pre & post 65 mental health services , Emotional and behavioural difficulties, Learning disabilities, dual diagnosis, challenging behaviours and residential services.

Qualifications:

Level 7 in management

Level 5 QCF management

Donna Phillips Home Manager is responsible for day to day operations. Donna is supported by her deputy and nursing team who will take responsibility for the home in her absence.

External consultants are also engaged to provide support for employment law, health and safety, catering and staff training.

The nursing team including the deputy consists of 4 Registered General Nurses, with a variety of experiences, including Infection Control, Palliative Care, and First Aid, Care of the Elderly, Dementia Care and people with physical disabilities.

The care team consists of a Dignity Champion who holds QCF level 3 in Health and Social Care; 4 Senior Care Assistants, 3 of which have NVQ level 3 in Health and Social Care and 1 with QCF level 2 in Health and Social Care. 18 Care Assistants, one working towards QCF Level 3, 5 with NVQ Level 2 and 3 working towards QCF Level 2. Between them, care staff, have a variety of experiences, including Care of the Elderly, Palliative Care and Dementia Care.

Complementary to the care team, the home employs appropriately experienced staff to cover administration, catering, domestic, maintenance and gardening duties.

Cook, Assistant Cook, Kitchen Assistants, 3 other Staff all have Level 2 qualification in Food Safety in Catering.

The Manager recognises that without the commitment of her staff it would not be possible to provide quality care and meet the aims and objectives of the home. Staff all work on a shift system to provide twenty-four-hour care.

In order for residents to have their preferred choice of carer, male and female care staff are employed. The home operates a key worker system.

Section 2

Fairfield is a purpose-Built care home, first registered on 23 October 1992 under the private ownership of Mrs S Chaudhry. It is set in its own grounds in the small Welsh village of Johnston, approximately 5 miles from the nearest Pembrokeshire towns of Milford Haven and Haverfordwest; and close to local beaches and the Preseli Hills.

There is a very close Welsh community where traditional family values remain strong. These values and links between families and friends are encouraged and valued in the home.

Johnston provides easy access to local amenities and community services with bus and train links within walking distance. It has access to the A40 leading to the M4. Fairfield is a single storey building with 43 bedrooms, 3 of which may be used as double rooms for those wishing to share; 41 have en-suite shower/toilet facilities and all meet the size requirements of Legislation. Within the immediate location of the home there is within walking distance Johnston has a wide range of amenities such as a petrol station, post office, shop/off licence, doctors' surgery, pharmacy, fish & chip shop, Chinese takeaway, a play park and a hairdressing salon. there are five pubs, The Vine Inn, The Silverdale, The Railway, The Windsor Hotel and Johnston Country Club. The home is also able to access transport to the larger towns for any other spiritual needs that you have that are not accessible in Johnston.

Every effort is made to care for residents and their families through a holistic approach. The home environment lends itself to providing a dignified life and a peaceful and dignified death. The home is fitted with a call bell system with call points in bedrooms, day rooms, bathroom and toilets.

Prospective residents are encouraged to bring in personal possessions, small items of furniture and memorabilia so that bedrooms are personalised. Electrical items must

carry a current Portable Appliance Test (PAT) certificate prior to installation in the home.

Every resident, whilst on the premises is insured under the homes' 'Employers Liability Insurance' for personal injury and loss of personal effects to the value as shown on the insurance certificate posted in the entrance hallway.

Communal Day Areas

Located on the ground floor is a well-furnished large dining room, television lounge and conservatory for residents who prefer some quiet time. The spacious reception foyer offers additional seating area for residents and visitors. A patio area offers outdoor sitting space in warmer weather. There is easy wheelchair access to outside grounds and patio areas.

Our aims and objectives for the communal areas are:

1. For staff to supervise communal spaces in a non-obtrusive and invasive way.
2. For service users to feel secure and supported and that their changing needs can be observed and are supported as necessary.
3. To prevent unnecessary injury to service users who may have diminished capacity to make decision regarding their safety, especially with regard to mobilisation.
4. For service user's representatives to be assured that those who have their best interest for is being supervised appropriately and supported to prevent injury, distress or isolation.

Bedrooms

There are 40 bedrooms located on the ground floor, 38 of which have en suite shower/toilet facilities. Bedrooms are perceived as the resident's own private space and staff are instructed to knock before entering as a matter of respect. Each bedroom is individually decorated and adequately furnished to include a washbasin, lockable bedside unit and a bed, suitable to meet individuals' care needs.

Rooms are redecorated on a regular basis and residents' choices are considered. The home is centrally heated with thermostatically controlled radiators. Hot water is

tested weekly and maintained within the safe recommended limits. Rooms are cleaned daily and bed linen changed at least weekly and as necessary.

A cabinet is provided in each en suite bathroom to accommodate personal toiletries which can either be provided by the resident's family or, alternatively, may be arranged through the key worker and invoiced to the resident.

A television and/or radio can be brought in and installed in bedrooms upon request. Residents requesting Sky Digital services will be responsible for paying their own subscriptions. There is also access to WFI in each room.

Bathroom and toilet facilities

There are adequate toilets, suitably sited around the home and close to daytime areas. Bathrooms and en-suite showers offer choice to residents. Bathrooms are suitably equipped with appropriate lifting aids.

Advocacy

If you require an advocacy service, please contact the home's manager. There is an advocacy service provided within the mental health services and also an independent service provided through Age Concern. Care Aware is a public advocacy service specialising in care issues for older people; their website address is www.careaware.co.uk.

Newspapers

We can arrange for newspapers and magazines of choice to be delivered to individual bedrooms upon request and will be charged to individuals' accounts.

Postal service

Mail can be handed to staff for depositing in the main office where arrangements will be made for it to be posted. Stamps will be charged to individuals' accounts. Incoming mail will be delivered to residents daily.

Telephone

We have a portable handset which staff can take to residents for personal calls in the privacy of their rooms. Should a resident prefer to have a phone installed in their bedroom this should be discussed with the manager and all costs including installation, met by the resident. Personal mobiles are also acceptable

Facsimile/photocopying can be arranged through the manager and will be charged to individuals' accounts.

Internet All residents and their guests have access to the homes WIFI

Laundry and cleaning services

Personal laundry is catered for free of charge. Residents are advised to bring in machine washable clothes, as we cannot be held responsible for damage caused to clothing by laundering. All items of clothing should be clearly labelled with the resident's name, preferably using sewn in labels. Laundry staff can arrange for clothes to be dry-cleaned upon request and this will be charged for separately.

Social Activities

At Fairfield we adopt different methods to try to alleviate boredom and social isolation. We employ a part-time Activities Organiser and the activity programme is posted on notice board in the main corridor. A sample of the activities provided include:

- Pampering – nail care, hand and foot massage
- Sing-a-longs and reminiscences
- Arm Chair workouts
- Art & Craft & Mosaic classes
- Flower arranging & Gardening clubs
- General knowledge quizzes and crosswords
- Regular house musical entertainment
- Visiting choirs

Residents are encouraged and supported to pursue social activities in and out of the home. Organised trips to theatre, shops and holidays can be arranged but residents will need to be accompanied by family or staff.

Not all residents will be capable of or wish to participate in activities and therefore individuals' choices will be respected. Staff liaise with physiotherapists and occupational therapists to ensure that any specialist equipment is available for use when transporting residents to and from the home. In order to support residents to maintain links with the outside community we welcome the following:

- Regular visiting
- Visiting clergymen and representatives of various religions and faiths to provide spiritual comfort.
- Local school children and various interest groups
- Summer fetes and outings

Specialist services that can be arranged at the home include:

- A podiatrist visits the home on a six to eight-week basis. Treatment charges can be obtained from staff and will be charged separately on the monthly account.
- A regular hairdresser visits weekly.
- Manicures can be arranged on request
- Local opticians visit annually and on request.
- A physiotherapist can be arranged through the resident's GP
- A dental visit can be arranged, alternatively arrangements can be made for residents to visit their own dentist
- GP - residents are encouraged to stay with their own GP if within the catchment area of the home. For those registered with GP's out of the area, arrangements will be made to register with a local practice.

Transport to and from the home

There is a bus service which runs through the village. Private taxi/transport can be arranged upon request for residents to go on shopping trips and outside visits at the residents own cost. An ambulance can be arranged and, in most cases, free of

charge for residents to attend hospital appointments. We encourage families to accompany residents to outside appointments wherever possible however, should this prove difficult then arrangements will be made for a carer escort and may be chargeable.

Visiting

Visitors are welcome at any time outside of mealtimes to reduce disruption to residents. Visitors should sign the 'Visitors Book' upon arriving and leaving the home to enable us to comply with fire regulations. Visitors are advised to check with nursing staff before entering residents' rooms and to have consideration for other residents. We acknowledge residents' rights to refuse any visitor.

For security reasons visitors are requested to vacate the premises by 8 pm unless special arrangements have been made with the nurse in charge. We ask that visitors make themselves aware of the fire and emergency evacuation procedures. Fire exits are clearly marked and fire emergency are displayed strategically throughout the home.

Car parking

Parking is available to the front and rear of the home for staff and visitors. We cannot be held responsible for any theft or damage caused to vehicles or their contents.

Policy on Pets

Visiting pets may be allowed with special consideration of the manager. Residents and/or visitors must be able to take responsibility for their pets whilst on the premises.

Policy on Alcohol

We request that alcohol consumption is kept to a minimum due to the following reasons: possible adverse effects on the health of the individual, possible

interactions with prescribed medication and the increased risks of aggressive behaviour which may cause anxiety or distress to other residents.

Alcohol brought into the home must be reported to the manager or nurse in charge at the time so that a) arrangements are made for appropriate storage and b) consideration is given to any contraindications with medications.

Key Contract Terms and Conditions of Residency

Once a decision is reached for a resident to come to Fairfield a contract will be drawn up showing terms and conditions of residency. This will be signed by both parties to include the resident/representative and the home's manager.

Residents will be invoiced on a monthly basis unless otherwise agreed, for fees and any items and personal expenses charged for in addition to fees.

Residents claiming under an insurance scheme are required to settle their accounts prior to vacating. The home will not enter into direct correspondence with insurance companies.

Termination of contract

During the six-week trial period either party may give four weeks' notice to terminate the contract. In addition, a resident may be asked to vacate the home at shorter notice on account of any of the following:

- Consistent unmanageable or disruptive behaviour
- Verbal or physical abuse to the detriment of other residents or care staff
- On the advice of a doctor or following a multi-disciplinary team care assessment
- On notice by either party in conjunction with any of the above

Should relatives or visitors to the home show any form of aggression or disruptive behaviour whilst on the premises it may be necessary, if the problem persists, to arrange for the resident to vacate.

Fees

Most residents at Fairfield are categorised according to their personal and social care needs. Fees for those privately funded are available upon request from the manager.

Fees cover a monthly period and are paid in advance to include:

- Accommodation
- Nursing and Residential Care
- Meals
- Laundry Services
- Heat & Light
- Entertainment within the home's programme

Fees do not include:

- Hairdressing, chiropody, complementary therapies
- Personal effects such as clothing, newspapers, books, toiletries
- Dental or optical checks/treatments, physiotherapy
- Travel to and from the home for recreational purposes
- Staff escorts

An annual contract review is carried out with notice given of any increase in fees or changes to the terms and conditions of residency. Interim reviews may also be carried out in response to the changing needs of the resident.

Fire Safety

Fairfield is protected by a comprehensive fire safety system, which is regulated and inspected by the local Fire Authority.

Fire safety advice to residents:

- In the event of the fire bell sounding please remain where you are. Staff will keep you fully informed throughout.
- If a fire occurs in your room, call for assistance using the nurse call system. If you are able to, leave your room and close the door behind you.

- Report immediately to the assembly point at the main entrance on the ground floor.

NB A fire alarm test is carried out on a weekly basis, which involves the alarm bell ringing for a few seconds. No action is required on your behalf.

Fire advice and information is displayed around the home with a complete fire safety policy available in 'Policy and Procedure Manual'. Policies and procedures are revised and updated as required. Staff receive mandatory fire training. Fire prevention and firefighting equipment is provided and inspected and certificated as a statutory requirement. Communication The home can offer support in relation to those residents that require support to communicate. This can take the form of the use of different techniques for communicating and ensuring that all residents have an active participation in their daily lives.

The home also will endeavour to meet the persons needs to their preferred language preference.

Smoking policy

For those residents who smoke there is a designated smoking area outside of the home. Smoking is not allowed in bedrooms under any circumstances. All smoking materials such as cigarettes and lighters must be held by staff for safekeeping to reduce the risk of fire. The use of E cigarettes will be treated the same as smoking and its use in communal areas is not allowed.

Residents' finances/personal possessions

Residents may manage their own finances if able to do so and must take responsibility for cash held at their own risk. There is a facility provided for the safe keeping of money and personal possessions.

Personal allowances received at the home from funding authorities are kept in a 'Residents' Account' with money used to pay for individualised items. Strict accounting systems are in place and are open to review by residents and /or relatives at any time. All transactions are kept on a computerised spreadsheet and statements

sent out once monthly. Receipts are required for all transactions. The home's financial accounts are independently audited annually.

A list is made of all personal possessions brought in to the home at the time of admission and periodically updated thereafter. Residents and visitors are respectfully reminded that we cannot take responsibility for any loss or damage sustained to property brought in to the home. Visitors are also asked to inform staff when additional items, including presents, are brought into or away from the home after admission so that possessions list can be updated.

It is recommended that large amounts of cash or items of extreme value are not brought into the home and if so then residents are required to arrange for appropriate insurance cover.

Meeting and consultation

It is important that service users and their representatives, are able to meet with staff within the care home that meetings are conducted in such a way as to promote effective communication, and that information is shared in an open and honest way. There will be regular Meetings that are advertised within the home, and clearly displayed on notice boards. Service users and their representatives are able to in advance, provide agenda items of their meetings with the Home Manager. The Home manager will chair the meetings, and where appropriate the Responsible Individual will also attend. Service users are encouraged to participate in the meetings, and careful consideration is given as to the type and quantity of agenda items that will be introduced by representatives instead of service users, and a careful balance maintained. Minutes of the meeting should be made available for all service users; this included the reading or sharing of minutes with those that are not able to read them, themselves due to sensory impairment. In addition to the meeting schedule for the care home, the Home Manager will also operate an 'open door' policy and service users and their representatives are encouraged to meet with and discuss issues with the home manager at reasonable times, although they should also have an appreciation that whilst the 'open door' policy is encouraged there may

be some times, when the home manager may have to attend to other matters that affect the safe operation of the care home.

Section 3

Fairfield is registered to provide 43 care beds for male or females over the age of 45 years.

The home can support individuals who require nursing care and social needs. Each resident has a personal centred care plan that also looks at the holistic need to the persons daily living, this includes a structured management plan for meeting their primary needs.

Model of care

The homes dedicated staff team are experienced and trained to work with the registered group of its residents this includes:

- Residential -We are experienced in caring for people with mild dementia, mobility problems, incontinence and other age-related difficulties.
- EMI Residence - We are able to provide support for people with mild dementia, mobility problems, incontinence and other age-related difficulties. Each resident care would be overseen by a senior carer and the senior would administer any required medication. The home also ensures a strong relationship with the DN to provide the nursing needs if required.
- Nursing & clinical need – Each care plan is individual needs and we can support a varying need this model of general nursing such as primary medical needs, COPD, Parkinson's, Peg fed, tractotomy, stoke patients, insulin controlled, early stage dementia and palliative care with help from a suitably trained and dedicated professional team
- End of life - Our clinical team are able to offer a tailored service that takes into account the end of life pathway and will work alongside outside agency's such as Mari Curer in order to provide a peaceful service with a staff team that have received training in end of life support. The home will also ensure that visitors have full access to their loved ones at such a difficult time. The rooms in which the

resident's will access have appropriate seating for visitors and a quiet area of the home in which the rooms environment can be altered to the persons wishes and needs.

- Bariatric care – We are able to support residents that require bariatric care. This includes a dedicated bedroom in which the room has been adapted for heavier people. The room has large doors that lead out into the garden to ensure that the resident has fully access to the homes activity's and integration.
- Outreach – The home can offer on an interim basis an outreach service in which residents that are placed under an interim care bed can receive support to be able to transition back home. Residents that are placed under the ICB can be waiting for a suitable home package of care to commence so the home staff that have supported them over the period in the home will be able to support the transition with a daily visit to the person and work alongside the agency that will be supporting to ensure the persons needs are fullfed and rehabilitated.

Section 4

At Fairfield, the rights of residents are fundamental to our philosophy of care and we aim to encourage our residents to exercise those rights to the full.

We aim to:

- provide the highest possible standards of care in a comfortable, safe and homely environment.
- support our residents to optimise their independence, respecting their privacy and dignity.
- tailor the level of care and support to individuals' choices and needs and to meet changing needs as it becomes necessary.

- respect the diversity of our residents, helping them to realise their full potential in all aspects of their lives; allowing them to revisit memories and maintain hobbies and interests as far as possible and form new relationships if they wish.
- wherever possible liaise with relatives and provide visiting time to help stimulate our residents and to maintain the all-important contact between loved ones.

In order to meet the changing needs of the resident's the home will be able to tailor its service through training and through the qualifications and experience of the senior team in order to:

- Understand and be able to adapt the required care to meet the need
- To purchase or secure the required equipment to meet the need
- To access additional services of support and for enhanced care

Behaviour Management and Use of Restraint

At Fairfield we avoid the use of restraint, however bed rails and wheelchairs fitted with safety straps may be used if deemed necessary for the safety of the resident, based on a specific risk assessment and appropriate care planning. Use of bed rails or safety straps will be discussed with residents and/or relatives giving reasons for using them.

Specific 'in house' training on how to deal with potentially challenging behaviour of residents is delivered to staff. The minimum level of restraint may be considered in an emergency if it was thought to be essential for the safety of the resident or others.

Description of Special Services, Support and Facilities

At Fairfield we take pride in providing a high standard of general nursing such as primary medical needs, COPD, Parkinson's, Peg fed, tractotomy, stroke patients,

insulin controlled, early stage dementia and palliative care with help from a suitably trained and dedicated professional team. We are experienced in caring for people with mild dementia, mobility problems, incontinence and other age-related difficulties. We would seek advice and clinical input from appropriate specialist services and outside care agencies as required. These specialist services include Occupational health professionals, mental health community nurses and consultants, dietitians, community dentist, out of hours fast response team, care home support team and **Local** community nurses would be accessed to support staff with residents placed for personal care only, and who may require some nursing care whilst accommodated at the home.

Each resident is valued as an individual with differing needs. We aim to provide this care whilst respecting your privacy, dignity, civil liberties, religious and cultural beliefs. The manager is happy to meet with anyone prior to admission to discuss specific needs.

Depending on capabilities, residents are encouraged to be as independent as possible with their personal care needs; and also helped to gain confidence to improve social interaction to maintain optimum quality of life despite their disability.

The home does not provide wheelchairs. Those who require a wheelchair for transfer within the home should make arrangements via their GP prior to arrival.

Residents' needs are addressed accordingly to a predetermined care plan based on a range of assessments and risk assessments. Documentation includes details of health and personal care needs, medication, GP and any community nursing or other therapeutic services that may have been involved. Documentation also contains information on residents' social interests, religious beliefs, next of kin, relatives and friends.

Each resident is allocated a member of the nursing or care team to act as a key worker. Key workers will be suitably trained to take some level of responsibility for

monitoring, reviewing and co coordinating care plans in liaison with residents and/or representatives. Key worker duties also include caring for their allocated residents and gathering information for care plan reviews which are held monthly or more frequently if needs change. Key workers will liaise with the nursing/care teams to ensure that their residents' needs are being met.

Suitably trained nurse and care staff will take overall responsibility for assessing, planning and evaluating care delivery for all residents, irrespective of their care category. Nurses will take responsibility for administering medication for Nursing Residents and Senior Care Staff take responsibility for administering medication to Residential Residents, however, should a resident wish to 'self-medicate' then staff will undertake a full assessment and monitor the activity.

Residents are encouraged to attend places of worship and if this is not possible then the manager will make every effort to arrange for an appropriate religious minister to visit. Various clergymen visit and offer communion and prayers on a monthly basis.

At Fairfield, we aim to offer residents a home for life, however should a situation arise that, in the best interest of the resident, warrants a move then this would be discussed with them and their family prior to any decision being made.

In the unfortunate event of bereavement, the family can rely on staff support throughout this difficult time. It would help to consider individual needs if residents' preferred wishes could be made known to the manager or the nurse in charge on admission.

Language and Communication

At Fairfeild we aim to meet the needs of our Welsh speaking clients, relatives, staff and other professionals. As part of our induction process we aim to increase the numbers of Welsh speaking staff we employ. We aim to encourage and support the

use of Welsh within the home, to support clients and their families. This takes the form of ensuring that we have a Welsh speaking member of staff on duty at all times or are able to contact staff members who speak Welsh, if the need arises, to assist with a situation in the home. We aim to improve our Welsh language services and are able to provide our home literature in Welsh if needed.

All staff to be aware of the importance of speaking Welsh as a first language, especially in a client with dementia or an elderly relative. It is paramount that our staff are supported to undertake lessons and to be able to use basic Welsh in conversations. This will be achieved through their level 2 GCF in which basic Welsh will form part of their assessment targets.

The company's roll out plan is to achieve a base of 6 staff per home that can communicate in the medium of Welsh in the next 12 months. The five-year plan will be to have all staff with the basic communication skills.

Sources of Referral

Residents requiring nursing and personal care may be directly referred to Fairfield by means of self-referral if privately funded; or from the local and out of county Social Services system with consent of the resident and/or their representatives.

Once referred and, prior to admission, a needs assessment involving the prospective resident and/or relatives will be carried out by the manager or a suitably qualified nurse.

The assessment may take place at the prospective resident's home or in an appropriate care setting.

The manager will liaise with other health care professionals such as social workers or district nurses to help determine the individual resident's needs in order to ensure that the home is suitable and that any necessary equipment is in place prior to admission.

Depending on the bed vacancies at the home the prospective resident may be offered a place immediately or placed on a waiting list if appropriate. A letter of confirmation of a place will be sent.

Admission Policy

Prospective residents and/or relatives are invited to visit and are welcome to spend the day with us prior to arranging admission, to meet with staff and to gain a feel for the home. We operate an 'Equal Opportunities' policy and do not discriminate.

Following a pre-admission assessment and receipt of all necessary paperwork new residents may be accepted on a six-week trial basis whereby during this period, either party may give notice of termination of contract. At the end of the trial period, commissioning agents may decide to carry out a care review to assess the suitability of the placement and in order to plan for a long term stay.

After admission a further assessment will be carried out with the resident and/or representative or family member. This will involve a range of risk assessments in order to produce a care plan tailored to meet individual physical, psychological, spiritual, social, cultural and emotional needs. The resident and/or representative will be involved throughout this process and ongoing care reviews thereafter. Funding of each placement will have been previously assessed and agreed by the placing Local Authority.

Emergency Admissions

Depending on availability of a bed at the time, emergency admissions may be arranged at the discretion of the manager and only if needs can be assessed and clearly met. In the event of a resident placed as an emergency admission, a copy of the homes' Statement of Purpose and Service User Guide will be made readily available on arrival. A care plan will be drawn up within five days and based on assessed needs and any risks identified. In relation to a nursing resident the assessment will be carried out by a nurse, for a residential resident the assessment will be carried out by a senior carer and possible a nurse.

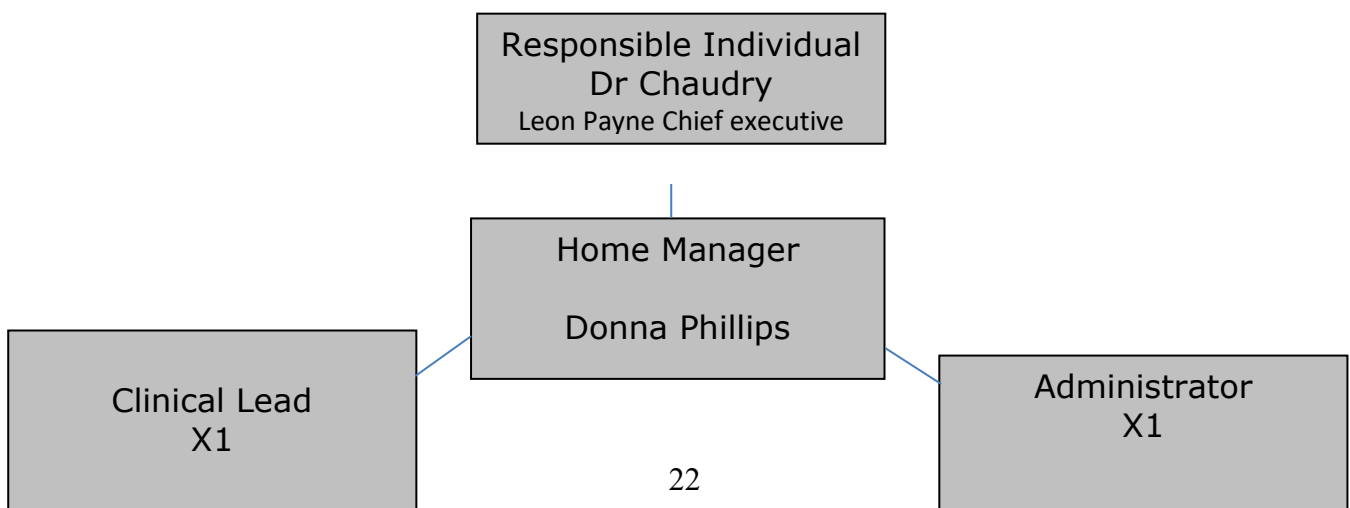
Discharge Obligations

The Manager strives to develop the home to meet with The Regulation and Inspection of Social Care (Wales) Act 2016, with her team is responsible for welfare of our residents. The Nursing team will take responsibility of home in the absence of the manager. The senior management team visit on a regular basis.

Section 5

Fairfield Care Home Limited

The organisational structure of the home



Deputy Manager
Kirsty Pauley

Nurses
X3

Activities Organiser
X1

Dignity Champion
X1

Senior Care Assistants
X 4

Care Assistants
X18

Cook x 1
Cook/Kitchen
Assistant x 1
Kitchen Assistants
X 3

Housekeepers
X 2
Laundry
X 2
Maintenance
X1

The day to day staffing on the home is led by the dependency toolkit that is completed on a weekly basis and even daily according to the needs of each resident. This shows its format of 1 nurses on a day shift 8am to 8pm and up to 7 carers. Outside of the daily staffing there is also an activities coordinator and housekeeping staff. For the night periods there is one nurse and up to three carers.

All staff are given an induction at the start of employment and are continually re trained when required. We have an entry level of level 2 for new starters or an agreement this will be completed in a set time frame. For or senior workers this is a level 3 in care. All staff are encouraged to continue their development and we will continue to offer higher qualifications to keep the staff motivated and to ensure that we have a strong qualified work force.

The home also operates to the all wales passport for moving and handling which ensures a consistent and update approach to each person's moving and handling needs.

The clinical team are all registered RGNs with the deputy manager is also an RGN that is currently undertaking her QCF 5 in management.

Staff Training

At Fairfield we are committed to staff learning and development. Staff receive a period of induction training appropriate to their roles and responsibilities which complies with the Social care Wales framework. New staff starting are allocated a mentor to work alongside.

An annual training plan is devised following regular staff appraisals and supervision, to ensure that training is appropriate to meet individual needs of staff and specific needs of residents. There is an 'in-house' training programme whereby juniors can benefit from more experienced colleagues. Outside agencies assess staff undertaking formal (QCF) training.

Staff supervision

All staff receive three monthly supervision as a formal meeting to review their practice and this system links to their 12-monthly appraisal in which all supervisions

are also taken into account to ensure the staff are supported throughout the process.

Staff induction process

It's not only what we do that is important, the way in which we do it matters enormously. More often than not it is the behaviours that are displayed to new starters which cause them to leave. Constant communication and treating this as an experience not a process will help to make the onboarding process one that creates highly engaged and productive Care Workers. For this reason, we operate a three-month induction process in which new staff are given a mentor for the period with a set system for the integration into the home to ensure that any new staff are introduced into the home and to know each resident's needs.

Staff deployment

The staffing is on a daily basis assigned to the need of the home and through the daily allocations in which the staffing team as a whole is separated to sides of the home by the nurse or senior member of staff. This is then constantly reviewed throughout the day.

Section six

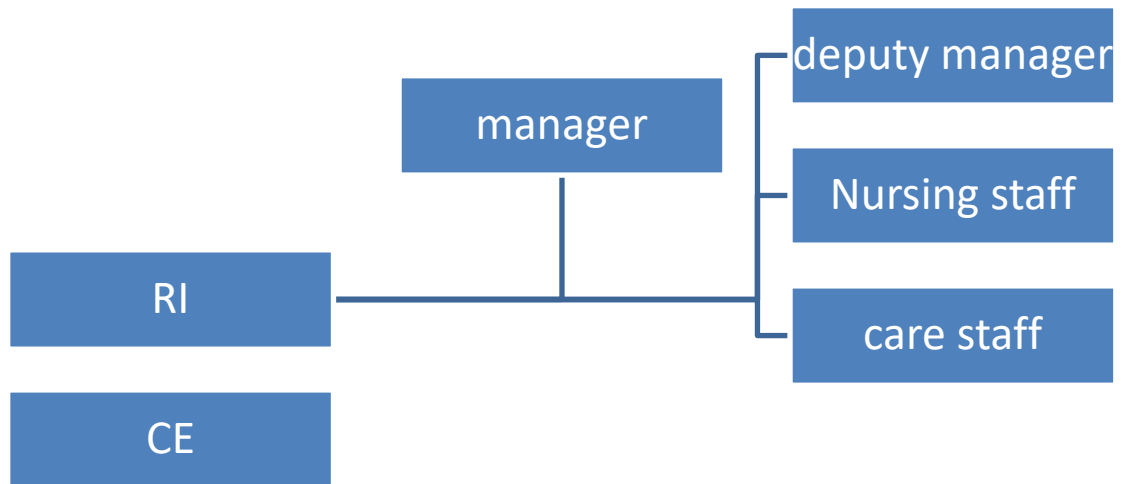
- a. Rooms the home has a total of 43 beds this is made up of 40 single rooms and 3 double rooms
- b. Within the home there is 41 rooms with on suite
- c. There are one large dining room
- d. It can be important that everyone has the space that they need so we have ensured that there are communal areas around the home these include: a large living room, a sun lounge, a quiet room and a seated area that leads from the main living room.

- e. Specialist bathing facilities – within the home we have three specialist bathing facilities which have hosting facilities to ensure that everyone can access.
- f. The home has specialist equipment such as multiple hoists, stand aids other equipment can be purchased according to need and assessment to assist in mobility
- g. There are also large secure outside areas at each end of the home. These areas can be accessed via the front exit, sun lounge or through the dining room doors. The back grounds of the home have a mixed of patio seated areas and large gardens, you are also able to access the rest of the grounds on the path around the home should you wish to have a walk around the home.

Section 7

The RI Dr R C Chaudhry also has in place a chief executive in which the person Leon Payne will be delegated the duties of the day to day management support for the manager and will be within the home up to three days per week. This time will be spent to be able to assess the quality of the overall service, support the manager with the daily operations and to be able to provide guidance when required. The RI will still conduct the required visits and Regulated requirements, however the CE will be ready available on a daily basis for the day to day oversight. On a three-monthly basis there will be a quality monitoring review which will include a full inspection of the home and a three-monthly quality assurance review with staff, residents and their families and stakeholders. This process is then completed with a report that includes actions and timetables which is then shared with all stakeholders. The day to day management of the service will be delegated to the registered manager of the home. The overall accountability of the operations sits firmly with the Responsible individual.

This structure of management and accountability is reflected below:



Quality assurance

At Fairfeild we are committed to maintaining and improving the quality of our service with regular policy reviews. Further copies of the home’s Statement of Purpose and Service Users’ Guide is also available upon request. We have a comprehensive quality assurance programme and an accessible complaint procedure.

We aim to promote good relationships with our residents and visitors and welcome suggestions on how to raise standards within the home. An important approach to our quality assurance is through questionnaires to obtain the views of residents, relatives/representatives, staff and visiting agencies.

Complaints procedure

The complaint procedure and details on how to raise a concern are posted in the main reception area and can be made available upon request. A complaint can be raised at any time either by a resident or any person acting on resident’s behalf by taking the steps below.

Local Resolution

Wherever possible, the manager will endeavour to resolve a complaint at an early stage if appropriate.

1. Advise the senior carer in charge or manager if on duty of the nature of your concerns. This may be done verbally or in writing
2. Manager will acknowledge receipt of your concern/complaint in writing within 5 working days
3. Manager will investigate the complaint in order to find a resolution as soon as reasonably practicable up to 14 days
4. Manager will respond to you in writing with agreed resolution

In agreement with the complainant the time limit for resolution may be extended for a further 14 days should this become necessary. If a complainant is dissatisfied with the outcome of a complaint investigation or the way in which it was dealt with then proceed to the next stage according to the procedure posted in the home.

This procedure for handling complaints has been produced in consultation with Welsh Assembly Government's publication 'Listening & Learning' timescales and guidance.

Access to Information

At Fairfeild we provide access to information by special arrangement with the manager. Access to information about the home may be also be accessed from Commissioners or CIW.

Whilst having total respect for confidentiality of our residents we operate an 'Access to Information' policy in line with the Data Protection Act to enable residents to access records and personal information held about them. However, for the purpose

of clarity patients care and documentation will only be discussed with the appropriately appointed person.

Useful Contacts

CIW

South West Region Government Buildings
Picton Terrace Carmarthen SA31 3BT
Tel: 0300 7900 126

Pembrokeshire County Council

County Hall Haverfordwest SA61 1TP
Tel: 01437 764551

Pembrokeshire Local Health Board

NHS Long- term Care Team
Withybush General Hospital Fishguard Road
Haverfordwest SA61 2PZ
Tel: 01437 773889