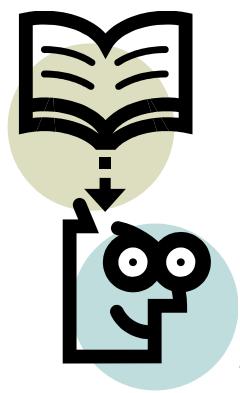




## Service User Guide



This guide is intended to provide all the information needed to enable new residents and their family, friends and other interested parties to make an informed decision about admission. The guide is also available in large print and can be translated into any language.

If you cannot understand the contents of this letter and do not have access to anyone who can translate it for you, please tick the box next to the language appropriate for yourself and we will try to interpret it for you as soon as possible.

Hindi इस पत्र में लिखी गई बात यदि आपको समझ में न आए और अगर आप किसी ऐसे व्यक्ति को नहीं जानते/जानतीं जो आपके लिये इसका अनुवाद कर सके तो कृपया अपनी भाषा के लिए इसका अनुवाद करने का प्रबंध करें। हम जल्द से जल्द आपकी भाषा में इसका अनुवाद करने का प्रबंध करें।

Urdu اس خط میں کچھی گئی بات اگر آپ کو سمجھ میں نہ آئے اور اگر آپ کسی ایسے شخص کو شہید چاہتے / جانشی جو آپ کے لیے اس کا ترجیح کر سکے تو میری بیان کے خانے میں تک کا نشان لکھیں۔ ہم جلد از جلد اس کا ترجیح آپ کی زبان میں کرنے کا پند و بست کریں گے۔

Arabic إذا لا تتمكن من فهم محتويات هذه الرسالة وليس لديك إمكانية الاتصال بميستطيع ترجمتها لك، نرجو أن تقوم بوضع الشارة بالقرب من اللغة المناسبة لك حيث سنحاول القيام بترجمتها لك بأسرع وقت ممكن.

Bengali আপনি শব্দ এই পত্রের বিষয়বস্তু না বুঢ়ে থাকেন এবং এর অনুবাদ করতে পারে এমন কারো সাহায্য না পেতে থাকেন, তাহলে আপনার জন্য শ্রদ্ধাঞ্জলি ভাষার পাশের বক্তৃতিক দিন। আমরা যত তাড়াতাড়ি সম্ভব এটি আপনার জন্য অনুবাদ করে পাঠাবো।

Gujarati "જો તમે આ પત્રની વિપ્યાય-વસ્તુ સમજી ન શકો અને તમારા માટે તેનો કોઈ તરજૂમો કરી શકે તેવી સુગમતા ન હોય તો, દૂધા કરી તમારી યોગ્ય ભાષાની બોક્સની બાજુમાં નિશાની કરો અને અમે શક્ય હશે તેટલી જલદીથી તેનો તરજૂમો કરવાનો પ્રયત્ન કરાશું."

Polish Jeżeli nie możesz zrozumieć treści tego listu i nie znasz nikogo, kto mógłby ci go przetłumaczyć zaznacz pole przy języku, którym się posługujesz a my postaramy się przetłumaczyć go dla ciebie najszybciej jak to możliwe.

Punjabi ਜੇ ਇਸ ਖਤ ਵਿਚ ਜਿਥੀਆਂ ਗੱਲਾਂ ਸਮਝਣ ਵਿਚ ਤੁਹਾਨੂੰ ਮੁਸ਼ਕਿਲ ਆ ਰਹੀ ਹੈ ਅਤੇ ਤੁਹਾਡੇ ਆਸ ਪਾਸ ਕੋਈ ਅਜਿਹਾ ਵਿਅਕਤੀ ਨਹੀਂ ਜੇ ਇਹਦਾ ਤਰਜਮਾ ਤੁਹਾਡੇ ਲਈ ਕਰ ਸਕੇ, ਤਾਂ ਤੁਸੀਂ ਜਿਸ ਭਾਸ਼ਾ ਵਿਚ ਇਹਦਾ ਤਰਜਮਾ ਕਰਵਾਉਣਾ ਚਾਹੁੰਦੇ ਹੋ ਉਹਦੇ ਸਾਹਮਣੇ ਵਾਲੇ ਖਾਨੇ ਵਿਚ ਸਹੀ ਦਾ ਨਿਸਾਨ ਲਾ ਕੇ ਸਾਰੂ ਦੋਸ਼ਾ। ਅਸੀਂ ਜਿੰਨੀ ਲੀ ਛੋਤੀ ਹੋ ਸਕੇ, ਇਹਦਾ ਤਰਜਮਾ ਤੁਹਾਡੇ ਲਈ ਕਰਵਾ ਦਿਆਗੇ।

Russian Если Вы не можете понять содержание этого письма и не имеете доступа к любому, кто может перевести это для Вас, пожалуйста пометьте коробку рядом с языком, соответствующим вам непосредственно, и мы попробуем перевести это для Вас как можно скорее.

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## Introduction

RMP Care, formed in 1988 is owned and managed jointly by

Paul Stevenson



and Rosemarie Hulme

and provides residential care for people with learning difficulties.

Our aim is to provide a home in which the resident is in control of



their own environment and their own life.

Although we aim to provide an informal home environment in which the individual in our care can feel free from the demands and pressures of their daytime activities we never the less understand the need for a comprehensive and efficient system of administration and monitoring.



Procedures for prescribed drug administering, safe keeping



of money and valuables as well as our policies on abuse, receiving of gifts, missing persons, health & safety etc. can all be inspected on request .

The home is as stated a 'home', and not an activity centre. Everyday homely activities occur. Daytime activities will be encouraged and staff

will enable clients to seek out and participate in community activities.



RMP Care currently has nine separate homes within the group, each catering for people with differing levels of ability. This arrangement provides a natural progression for people whose ability increases during their time with us. It affords each person a level of care which ensures that they have the maximum amount of freedom of choice given due regard to their current level of ability and perceived areas of need. Given that our ultimate goal is to achieve full integration into the

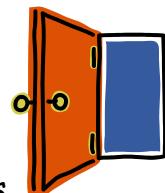


community and totally independent living then we have the facility to develop individuals through the nine homes. From 21 Longton Rd, 20 Oulton Road and the Cottage where there is 24hr continuous supervision to Alexandra Street where a greater degree of self reliance is encouraged whilst still maintaining 24hr care through to 49 Victor Street and 20 Longton Rd where semi-independent living is supported. 51 Victor St and 19 Longton Rd both have more intensive 24hr continuous support.

The layout, facilities and location of all of the homes is designed to reflect our philosophy of providing a home which the service user's can



call their own. Everyone has their own individual bedroom,



dining room and lounge to which they have unrestricted access and all the usual amenities. Each home has a garden or courtyard enabling



people to be outdoors with privacy. All the homes have a



telephone (not a payphone) and service users have free access to it for landline numbers only. Service users will need to have their own mobile phone for calling other mobile phone numbers.

Although many staff work in more than one home we endeavour to maintain consistent staffing at each home. It is important however, that all staff are familiar with the needs and abilities of all service user's due to the interaction between service user's in different homes.

We believe that the use of agency staff is unnecessary and we cover holidays and sickness within our own staff team. All members of our team agree to do this on recruitment. This shows great commitment by our team members to be flexible and available for the needs of the people who live and work within our service. Rmp Care Ltd is very proud to have team members who are dedicated to the needs of the people they support.

## Statement of Purpose

### Residents' Rights

We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full.

### Privacy



We recognise that life in a communal setting and the need to accept help with personal tasks are inherently invasive of a resident's ability to enjoy the pleasure of being alone and undisturbed. We, therefore, strive to retain as much privacy as possible for our service users in the following ways:-

- Giving help in intimate situations as discreetly as possible.
- Helping residents to furnish and equip their rooms in their own style and to use them as much as they wish for leisure, meals and entertaining.
- Offering a range of locations around the home for residents to be alone or with selected others.
- Providing locks on residents' storage space, bedrooms and other rooms in which residents need at times to be interrupted whilst at the same time maintaining the homely appearance of the home.
- Guaranteeing residents' privacy when using the telephone (a cordless phone is provided which residents can take to their own room if they wish), opening and reading post and communicating with friends, relatives or advisors.
- Ensuring the confidentiality of information the home holds about residents.

### Dignity

Disabilities quickly undermine dignity, so we try to preserve respect for our service users' intrinsic value in the following ways:-

- Treating each resident as a special and valued individual.
- Helping residents to present themselves to others as they would wish through their own clothing, their personal appearance and their behaviour in public.
- Offering a range of activities which enables each resident to express themselves as a unique individual.
- Tackling the stigma from which our residents may suffer through age, disability or status.
- Compensating for the effects of disabilities which residents may experience on their communication, physical functioning, mobility or appearance.

### Mobility

- Residents will be supported to access appropriate travel on available suitable transport. All residents will be assisted where appropriate to obtain a free local authority bus pass enabling free local bus travel around the country.



- On occasions this may be unsuitable and residents will be assisted to obtain travel tokens to pay for taxis.
- We also have some staff who may use their own cars with full business class insurance. This is a service not provided by the company but is at the discretion of the staff employed. This is costed out to residents at 45p/mile in line which is below the costs highlighted by the AA motoring cost table .The cost will be shared between the number of people using the transport at the same time.



- Although the contract allows for us to charge residents individually for personal one to one support in relation to healthcare appointments we make no charge. This may mean that the staff member uses their own vehicle to avoid unnecessary staffing charges, therefore keeping residents costs to a minimum.
- Our aim is to ensure that residents are assisted in the most cost effective way.
- 

### Independence



All our homes aim to provide a service which enables our clients to be as independent as possible in all aspects of their daily lives. This includes helping our clients move on to greater independence.

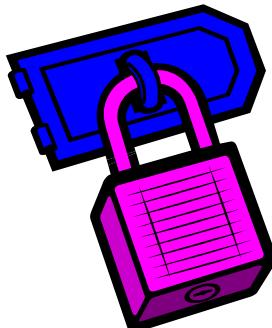
Maximising the abilities our residents retain for self-care, for independent interaction with others, and for carrying out the tasks of daily living unaided.

Helping residents take reasonable and fully thought-out risks.

Promoting possibilities for residents to establish and retain contacts beyond the home.

Encouraging residents to have access to and contribute to the records of their own care.

## Security



We aim to provide an environment and structure of support which responds to the need for security in the following ways:-

- Offering assistance with tasks and in situations that would otherwise be dangerous for residents.
- Protecting residents from all forms of abuse and from all possible abusers.
- Providing readily accessible channels for dealing with complaints by residents.
- Creating an atmosphere in the home which residents experience as open, positive and inclusive.

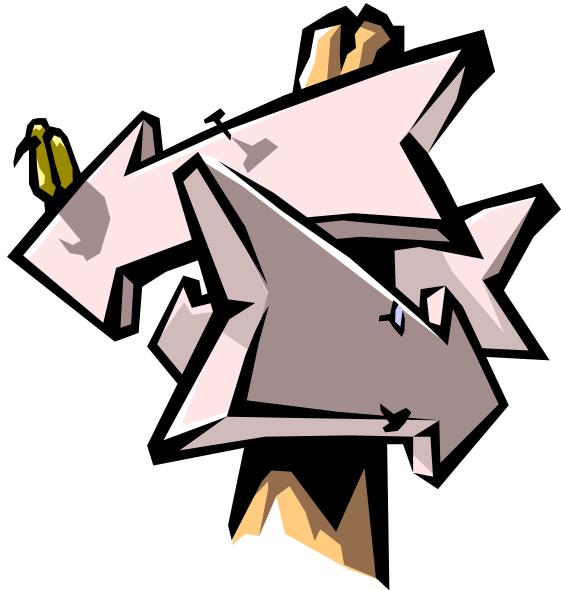
## Civil rights

Having disabilities and residing in a home can all act to deprive our service users of their rights as citizens. We, therefore, work to maintain our service users' place in society as fully participating and benefiting citizens in the following ways:-

- Ensuring that residents have the opportunity to vote in elections and to brief themselves fully on the democratic options.
- Preserving for residents full and equal access to all elements of the National Health Service.
- Helping residents to claim all appropriate welfare benefits and social services.
- Assisting residents' access to public services such as libraries, further education and lifelong learning.
- Facilitating residents in contributing to society through volunteering,

helping each other and taking on roles involving responsibility within and beyond the home.

### Choice



We aim to help service users exercise the opportunity to select from a range of options in all aspects of their lives in the following ways:-

- Providing the money and assistance for residents to do their own weekly shopping and deciding what they wish to eat.
- Enabling residents to take part in community activities.
- Enabling residents to manage their own time and not be dictated to by set communal timetables.
- Avoiding wherever possible treating residents as a homogeneous group.
- Respecting individual, unusual or eccentric behaviour in residents and promoting peoples diversity of character.
- Retaining maximum flexibility in the routines of the daily life of the home.

### Fulfillment

We want to help our service users to realise personal aspirations and abilities in all aspects of their lives. We seek to assist this in the following ways:-

- Informing ourselves as fully as each resident wishes about their



RMP CARE

individual histories and characteristics.

- Responding appropriately to the personal, intellectual, artistic and spiritual values and practices of every resident.
- Respecting our residents' religious, ethnic and cultural diversity.
- Helping our residents to maintain existing contacts and to make new liaisons, friendships, and personal or sexual relationships if they wish.
- Attempting always to listen and attend promptly to any resident's desire to communicate at whatever level.

### Social Activities Outside the Home

- Holidays and short breaks are encouraged as are regular outings to places of local interest and also the organising of small groups for lunch at the local pub.



- 

- **Holiday Costs**



- This home believes that residents are able and entitled to choose holidays according to their budgets and will provide staffing and food equivalent to that at home. Any expenses over and above the normal week will be costed to the client i.e. accommodation extra staffing and travel etc.



- A full invoice and breakdown of the holiday will be provided to each resident.

### **Quality Care**



We wish to provide the highest quality of care, and to do this we give priority to a number of areas relating to the operation of the home and the services we provide.

### **Choice of home**

We recognise that every prospective resident should have the opportunity to choose a home which suits their needs and abilities. To facilitate that choice and to ensure that our residents know precisely what services we offer, we will do the following:-

- Provide detailed information on the home by publishing a statement of purpose and a detailed service user guide.
- Give each resident a contract or a statement of terms and conditions specifying the details of the relationship.
- Ensure that every prospective resident has their needs expertly assessed before a decision on admission is taken.
- Demonstrate to every person about to be admitted to the home that we are confident that we can meet their needs as assessed.
- Offer introductory visits to prospective residents and avoid unplanned admissions except in cases of emergency.

## Personal and health care



We draw on expert professional guidelines for the services the home provides. In pursuit of the best possible care we will do the following:-

- Produce with each resident, regularly update, and thoroughly implement a service user plan of care, based on an initial and then continuing assessment.
- Seek to meet or arrange for appropriate professionals to meet the health care needs of each resident.
- Establish and carry out careful procedures for the administration of residents' medicines using Boots monitored dosage system.



- Take steps to safeguard residents' privacy and dignity in all aspects of the delivery of health and personal care.

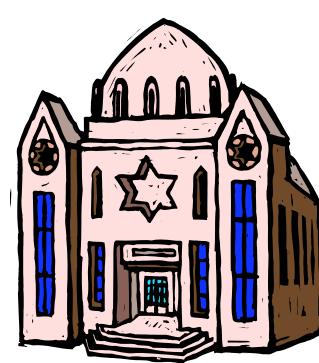
## Lifestyle



It is clear that service users may need care and help in a range of aspects of their lives.

To respond to the variety of needs and wishes of service users, we will do the following:-

- Aim to provide a lifestyle for residents which satisfies their social, cultural, religious and recreational interests and needs.



- Help residents to exercise choice and control over their lives.
- Provide meals which constitute a wholesome, appealing and balanced diet in pleasing surroundings and at times convenient to residents.

### **Concerns, complaints and protection**



Despite everything that we do to provide a secure environment, we know that residents may become dissatisfied from time to time and may be vulnerable to different forms of abuse inside or outside the home. To tackle such problems we will do the following:-

- Provide and, when necessary, operate a simple, clear and accessible complaints procedure.
- Take all necessary action to protect residents' legal rights.
- Make all possible efforts to protect residents from every sort of abuse and from the various possible abusers.

## The environment



The physical environment of the home is designed for residents' convenience and comfort. In particular, we will do the following:-

- Maintain the buildings and grounds in a safe condition.



- Make detailed arrangements for the communal areas of the home to be safe and comfortable.
- Supply toilet, washing and bathing facilities suitable for the residents for whom we care.



- Arrange for specialist equipment to be available to maximise residents' independence.
- Provide individual accommodation which at least meets the National Minimum Standards.
- See that residents have safe, comfortable bedrooms, with their own possessions around them.



RMP CARE

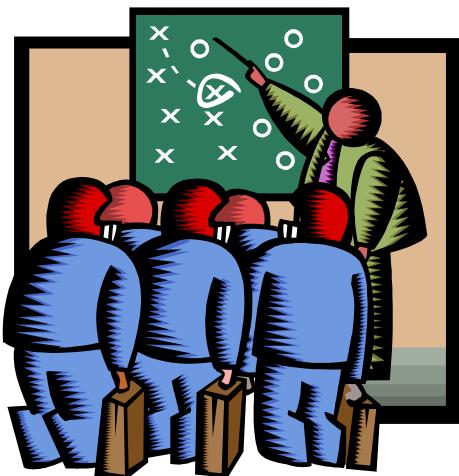
- Ensure that the premises are kept clean, hygienic and free from unpleasant odours, with systems in place to control the spread of infection.

## Staffing

We are aware that the home's staff will always play a very important role in residents' welfare. To maximise this contribution, we will do the following:-

- Employ staff in sufficient numbers and with the relevant mix of skills to meet residents' needs.
- Provide at all times an appropriate number of staff with qualifications in health and social care.
- Observe recruitment policies and practices which both respect equal opportunities and protect residents' safety and welfare.
- Offer our staff a range of training which is relevant to their induction, foundation experience and further development.

## Management and administration



We know that the leadership of the home is critical to all its operations. To provide leadership of the quality required, we will do the following:-

- Always engage as registered manager a person who is qualified, competent and experienced for the task.



- Aim for a management approach which creates an open, positive and inclusive atmosphere.
- Install and operate effective quality assurance and quality monitoring systems.
- Work to accounting and financial procedures that safeguard residents' interests.
- Offer residents appropriate assistance in the management of their personal finances.
- Supervise all staff and voluntary workers regularly and carefully.
- Keep up-to-date and accurate records on all aspects of the home and its residents.
- Ensure that the health, safety and welfare of residents and staff are promoted and protected.





## The Underpinning Elements

A series of themes both cut across and underpin the aims we have relating to the rights of residents and quality care.

### Focus on service users

We want everything we do in the home to be driven by the needs, abilities and aspirations of our residents, not by what staff, management or any other group would desire. We recognise how easily this focus can slip and we will remain vigilant to ensure that the facilities, resources, policies, activities and services of the home remain resident-led.

### By You!

### Fitness for purpose

We are committed to achieving our stated aims and objectives and we welcome the scrutiny of our service users and their representatives.

### Comprehensiveness

We aim to provide a total range of care, in collaboration with all appropriate agencies, to meet the overall personal and health care needs and preferences of our residents.

### Quality services

We are aiming for a progressive improvement in the standards of training at all levels of our staff and management.



## Meeting assessed needs

The care we provide is based on the thorough assessment of needs and the systematic and continuous planning of care for each resident.



To help us make an assessment of your needs, we will need to ask you for

personal information



about your circumstances and to record this information.



We will not share this information without your agreement.

It will be kept confidentially in a locked placed



Only care home staff with permission will be able to see it  
Staff will record in the file on a daily basis information which is relevant



to your day to day care.

You may have access to this file at all times to see what is being recorded

It is the homes policy that all the information we receive about or from service users is confidential and that only those people who need to know the information will have access to it.

The home will always ask your permission



before we share information service users have given us with anyone else.



In certain circumstances however we may need to share information in your best interests and reserve the right to do so.

Explained by: (print name).....

Signed.....Date.....

Understood by : (print name).....

Signed.....Date.....

## How do people apply?

People who enquire about our accommodation and services are provided with an information pack.

They may then apply directly for a place in one of the homes. All applications must be accompanied by a comprehensive assessment of need, which states the reasons for the referral or application and the specific services sought, e.g. short or long term care, respite care etc. Assessments are usually multi-disciplinary and submitted by a local authority social services care manager, specialist community learning disabilities, mental health social work team or nominated keyworker of a multi-disciplinary team. They will include a financial assessment, which will determine

any local authority or health service funding to which the applicant may be entitled.

Each application is given careful consideration. Where there is a match between application and need assessment, and the availability of a suitable vacancy or potential vacancy, a final decision is taken at an admissions meeting to which everyone involved in the application including the service user, carers and representatives are invited to attend. If agreement is reached to admit the service user an initial action plan is then drawn up to decide the next steps in the process.

## **What happens next?**

When people move into one of the homes they have one month built into their occupancy agreement to decide whether "this is the place for them" and will be to the satisfaction of their family. Respite care arrangements are automatically reviewed after every initial placement and then at least six monthly if they are to continue.

The first month or initial respite care placement provides an opportunity for staff to get to know the individual service user and their family, and to identify the basis of any continuing plan of care. During this period the user's capacities and disabilities are further assessed so that an individual plan of care can be drawn up with the full involvement of the service user, relatives, staff and other professionals. This will include discussion and assessment of any risks to which the user or staff may be exposed as a result of the decisions being taken. In order to fully involve



the service user in his or her, own plan of care we also have access to a local advocacy service. A representative from this service is routinely available to assist the service user form and express their views in the drawing up of the plan of care. Involvement at this stage too helps to determine any future role for the advocacy service in the individual service plan. For users who have profound communication difficulties we always endeavour to find appropriate ways and means of ensuring their involvement to the best of their abilities.



## How is RMP Care organised?



RMP Care has managers (the registered manager) who share the overall management responsibilities for the homes, reporting directly, to the proprietors Rosemarie Hulme and Paul Stevenson.

Each of our homes is staffed by a permanent team of staff. The staffing levels vary from home to home. Fewer staff are employed at Victor Street, where residents are largely self caring and encouraged to be so. Staffing levels at the other homes are commensurate with the differing levels of need and ability. This is reflected in our charges, which from a given baseline are negotiated differentially according to individual needs. Support staff are appointed to work in a particular home though they may be expected to work in other homes if the need arises.

## What qualifications do staff have?



RMP Care is fully committed to staff learning and development. All staff receive training, using the Learning Disability Award Framework. Care Managers are working towards or have already achieved the Registered Care Manager Award and support staff towards Diploma Level 3. The aim is to have all permanent staff with an appropriate Diploma qualification

## How is the care provided?

The individual resident's agreed plan of care in the form of a Social Services Community Care Assessment and Adult Review form provides the basis on which our service is delivered. All staff are responsible for



RMP CARE

monitoring, reviewing and co-ordinating the service plans for all of their residents. Their duties include preparing residents and gathering information for their reviews. All staff are offered regular supervision by their manager, who shares responsibilities for chairing reviews and for communicating with outside professionals, who may also be involved with particular residents.

Each person's plan includes a description of their preferred daily routines, their likes and dislikes in relation to food and any specific dietary requirements etc. It includes information about educational, occupational and employment potential and steps being taken to achieve this. Service users are encouraged and enabled to take advantage of educational and employment services provided including special schemes for people with learning disabilities. For example, several of our users are or have been employed in local businesses.

The service plan also includes details of residents' social interests and activities, and how these are met, and any arrangements to attend religious services of their choice, and for contact with relatives, friends and representatives.

The daily care programme is organised as a response to residents' individual and combined needs.

We must remember that each resident has to personally agree to the level of care they wish to receive. Any conflicting issues need to be handled sensitively with due regard given to their rights and responsibilities.

Residents choose their own meals and meal times.

### **How do we assure quality?**

We are committed to maintaining and improving the quality of our service. We have a comprehensive Quality Policies and Procedures Manual, which is constantly under review and revision. All significant policies are contained here including our complaints procedure. An important part of our approach to quality assurance is to obtain the views of residents, relatives and their representatives. We do this by our regular reviews with individual residents and on more general matters through separate meetings with residents and relatives.

## Policy on Referral and Admission

### **Step 1**

Referrals should be made in writing by a named key worker, care manager or care plan co-ordinator who should forward written information on behalf of the service user to the home manager. The referral information should include:

- a comprehensive needs assessment (including diagnosis, daily living skills, disabilities, in-patient and day hospital history)
- a current care plan or care programme approach summary
- a short social report to include social history, criminal history, medical history, and psychological history.

### **Step 2**

Referrals will be considered by the head of home with reference to the eligibility criteria described below.

The function of this home is to provide continuing care for people who have experience of learning disabilities. The home is intended to provide a home for life for its residents if they wish for this, and will help those who wish for more independent living through support and assistance designed to maximise their skills to live in their chosen setting.

The home accepts referrals on behalf of service users who are between 18 and 64 years old. Although the home aims to help as many service users with learning disability needs as possible, the home cannot accept referrals on behalf of people compulsorily detained under sections of the **Mental Health Act 1983** or people whose behaviour or mental state makes them anti-social, aggressive or on behalf of people with current severe drug or alcohol problems or on behalf of service users who exhibit:

- serious self-harm or suicide attempts
- inappropriate or anti-social behaviours
- behaviour which constitutes a danger to self or others
- violent behaviour
- serious sexual disorders
- arson or deliberate attempts to harm others
- dangerous or criminal behaviour
- severe dementia
- severe drug or alcohol addiction

### **Step 3**

If the referral fits with the home's eligibility criteria then a staff member from the home will contact the referrer to arrange an introductory visit. All visits to the home are by prior arrangement with the existing residents . During the introductory visit the potential service user should be offered a chance to discuss with senior staff at the home, carers or relatives, exactly how the home may be able to meet their needs and requirements.

### **Step 4**

All service users who complete a satisfactory introductory visit and needs assessment and who still wish to pursue their application should have their case presented at a referrals meeting chaired by the head of home where a decision on service provision and offer of residency will be made. This should promptly be communicated to the referrer.

Offers of residency should be based upon:-

- successful introductory visits
- a full care needs assessment having been completed
- the home being confident that it can meet all of the care objectives identified.

Initial offers of residency should be made on a three month settling in trial basis during which existing service users should be consulted about the compatibility of the new service user. This trial period should be followed by a full case review.

It is the policy of the home that every potential service user or applicant should be viewed as an individual, taking into account cultural and gender issues in all aspects of care provided. In deciding upon a possible offer of residency, discrimination of any kind will not be tolerated.

### **Step 5**

During the trial period each service user will be monitored closely to ensure appropriate levels of care are provided. A service user care plan will be prepared in consultation with other health, social care professionals, relatives, carers and the individual residents. Therapeutic aims and objectives will be set and identified within the plan based upon a comprehensive assessment of needs.

## COMPLAINTS POLICY

### **Policy Statement**

This home believes that if a service user wishes to make a complaint or register a concern they should find it easy to do so. It is the home's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by service users and their relatives and carers are taken seriously.

The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is NOT part of the home's disciplinary policy.

The home believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, service user dissatisfaction and possible litigation. The home supports the concept that most complaints, if dealt with early, openly and honestly, can be sorted out at a local level between just the complainant and the home. If this fails due to either the home or the complainant being dissatisfied with the result the complaint will be referred to the Care Quality Commission and legal advice will be taken as per necessary.

The home aims to comply with *Standard 22 -Concerns and Complaints of the National Minimum Standards for Care Homes for Younger Adults* which relates to the degree to which service users feel their complaints and views are listened to and acted on.

### **Aim**

The aim of the home is to ensure that its complaints procedure is properly and effectively implemented, and that service users feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

### **Goals**

The goals of the home are to ensure that:-

- service users, carers, users and their representatives are aware of how to complain, and that the home provides easy to use

- opportunities for them to register their complaints
- A named person will be responsible for the administration of the procedure
- Every written complaint is acknowledged within two working days investigations into written complaints are held within 28 days all complaints are responded to in writing by the home complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to both staff and service users.
- The named complaints manager with responsibility for following through complaints for the home is Paul Stevenson

The home believes that, wherever possible, complaints are best dealt with on a local level between the complainant and the home. If either of the parties is not satisfied by a local process the case should be referred to the Care Quality Commission



The Care Quality Commission is:

CQC National Correspondence  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

Web Address: <http://www.cqc.org.uk>

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

## Complaints Procedure

### *Oral Complaints*

All oral complaints, no matter how seemingly unimportant, should be taken seriously. There is nothing to be gained by staff adopting a defensive or aggressive attitude.

Front line care staff who receive an oral complaint should seek to solve



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the problem immediately if possible.

If staff cannot solve the problem immediately they should offer to get the home manager to deal with the problem.

All contact with the complainant should be polite, courteous and sympathetic.

At all times staff should remain calm and respectful.

Staff should not accept blame, make excuses or blame other staff.

If the complaint is being made on behalf of the service user by an advocate it must first be verified that the person has permission to speak for the service user, especially if confidential information is involved. It is very easy to assume that the advocate has the right or power to act for the service user when they may not. If in doubt it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocate.

After talking the problem through, the home manager or the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff should clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e. through another meeting or by letter).

If the suggested plan of action is not acceptable to the complainant then the member of staff or home manager should ask the complainant to put their complaint in writing to the home and give them a copy of the home's complaints procedure.

In both cases details of the complaints should be recorded in the complaints book.

### ***Written Complaints***

When a complaint is received in writing it should be passed on to the named complaints manager who should record it in the complaints book and send an acknowledgment letter within two working days. The complaints manager will be the named person who deals with the complaint through the process.

If necessary, further details should be obtained from the complainant. If the complaint is not made by the service user but on the service user's behalf, then consent of the service user, preferably in writing, must be obtained from the complainant.

A leaflet detailing the home's procedure should be forwarded to the complainant.

If the complaint raises potentially serious matters, advice should be sought from a legal advisor to the home. If legal action is taken at this stage any investigation by the home under the complaints procedure should cease immediately.

If the complainant is not prepared to have the investigation conducted by the home he or she should be advised to contact the Care Quality Commission and be given the relevant contact details.

Immediately on receipt of the complaint the home should launch an investigation and within 28 days the home should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.

If the issues are too complex to complete the investigation within 28 days, the complainant should be informed of any delays.

If a meeting is arranged the complainant should be advised that they may, if they wish, bring a friend or relative or a representative such as an advocate.

At the meeting a detailed explanation of the results of the investigation should be given and also an apology if it is deemed appropriate (apologising for what has happened need not be an admission of liability). Such a meeting gives the home the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

After the meeting, or if the complainant does not want a meeting, a written account of the investigation should be sent to the complainant. This should include details of how to approach the Care Quality Commission if the complainant is not satisfied with the outcome.

The outcomes of the investigation and the meeting should be recorded in the complaints book and any shortcomings in the home's procedures should be identified and acted upon.

The home should discuss complaints and their outcome at a formal business meeting and the home's complaints procedure should be audited by the home manager every six months.

## Training

Lorraine Lawton is responsible for organising and co-ordination training.

All home staff should be trained in dealing with, and responding to, complaints. Complaints policy training should be included in the induction training for all new staff and in-house training sessions on handling



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complaints should be conducted at least annually and all relevant staff should attend.

### Plain and Simple

Rose and Paul have been helping people to live in their home for twenty three years. We like to make your home just like the home you have been used to.

We will always make sure that you have the help you need and that you are safe and happy.

The staff are there to help you and we hope that you get to know them well.



We will make sure that your bedroom is a private place for you, with a lock on your door if you want one. We will provide everything you need or you can bring your own things. You will be able to use the house as your own, making drinks or snacks and watching TV or doing other things whenever you like.

You can decide what you would like to do and when you like to do it and we will help you.

If there is something you don't like or if you are worried about something we will do everything we can to put it right.

When you visit us we will show you around the house and show you the bedroom. You can decide if you want to stay in the future.

We will look after you if you are not well and make sure that you stay well.



We have to write some things down to show that we are looking after you. You can see the things we write and we like you to write things yourself.

If you think you want to live with us you can visit as many times as you want until you are sure. We will talk to you and to people who know you well to make sure that you will be happy with us.

Your friends and family can visit you whenever you want them to.

## RESIDENT'S CONTRACT OR STATEMENT OF TERMS AND CONDITIONS

Name:

### **Contract Statement**



This document sets out the respective rights and responsibilities of the staff and management of *RMP Care* and relating to residence in the home. The home aims at all times to reach, and indeed exceed, the *National Minimum Standards for Care Homes for Younger Adults*. A copy is kept in the home and may be seen on request.

We try to provide a comfortable and happy home and hope that residents will enjoy living here. We will do everything possible to respect the rights of service users in this home, particularly by observing the values of privacy, dignity, independence, choice, civil rights and fulfilment which can be threatened by living in a communal environment and having to cope with disabilities.

We recognise that providing good care is a co-operative process and we will attempt to consult residents and, where appropriate, their relatives, friends and representatives at all times and as fully as possible. This document should be read and interpreted in the light of these principles.

### **Trial period**

Residence in the home for the first four weeks will be on a trial basis. If



during or at the end of the period either the service user or the home's management regards the arrangement as unlikely to be satisfactory for the long term, residence can be terminated with reasonable notice from either side and the service user will vacate the home at a time agreed.

### **Permanent residence**

The staff and management of the home will make every effort to provide the service user with a permanent place of residence including wherever possible through periods of sickness. Advice will be taken from the appropriate health professionals in situations where it is considered that the home is temporarily or permanently unable to provide for the service user's medical or nursing needs.

### **Termination**

In the event that either the management of the home finds that the home is no longer able to accommodate the service user appropriately or the service user wishes to leave the home for any reason, either side will normally give four weeks' notice of termination of residence. A shorter period of notice will be applicable only in situations involving emergencies.

### **Absences**

If the service user vacates his or her room temporarily, for a holiday, hospital admission or any other reason, the home undertakes to keep a service user's room empty and secure during a resident's absence.

### **Fees**

The fees payable will be determined in advance, in consultation with the Social Worker responsible for the placement and the resident's contribution will be notified to them by Social Services. Fees include all care and accommodation costs, food and drink, heating and lighting, laundry done on the premises, and any other staff services. Fees do not cover the costs of newspapers and periodicals, hairdressing, dry cleaning, chiropody, treatment by dentists or opticians, or the purchase of clothing and personal effects.

Fees are reviewed annually. If a service user requires additional

care, however, it may be necessary to increase the fee. The home will give four weeks' notice of any increase in fees.

### The Service User's Room

The service user will have exclusive use of the allocated room which will be treated as far as possible as his or her private space. Service users are welcome to bring to their rooms personal items and any furniture they wish to use which can be safely accommodated in the space. Furnishing of the service user's room will include at least the following:-

- A clean comfortable bed suitable for the service user's needs.
- Bed linen.
- Curtains or blinds.
- A mirror.
- Overhead and bedside lighting.
- Comfortable seating for two people.
- Drawers and enclosed hanging space for clothes.
- Two accessible double electric sockets.
- A table to sit at and a bedside table.
- Carpets or equivalent.
- Lockable storage space for medication, money and valuables.

Keys to the room and storage space (unless a risk assessment in the care plan indicates otherwise). If the service user has made a positive choice to share a room and the other place in the room becomes vacant, he or she will have the opportunity to move to a different room if desired.

### Personal Possessions

Service users are encouraged to have personal possessions, subject to health and safety and fire risk assessments, which remain their



property. {Residents wishing to bring a pet into the home should discuss the matter with the manager who will make every effort to meet reasonable requests.) Items of significant value should be



passed to the management for safe-keeping. The staff will attempt to provide security for service users' possessions but no responsibility can be accepted for items retained in service users' own rooms. The home will make every effort to prevent damage to clothing.

Service users have the right to purchase furniture of a personal choice anything specialised and chosen personally can be paid for by the



individual with agreement from all parties. This furniture remains the property of the resident and if the furniture is fitted in to the bedroom then individual agreements must be made by Rmp Care the individual, social services (if applicable) and any family who may wish to contest the individuals choice to have furniture fitted. It is to be remembered that Rmp Care aims to provide a home for the individual for as long as the individual requires or as long as we are able to meet that persons needs.

### Holiday Costs



This home believes that residents are to choose holidays according to their budgets and will provide staffing and food equivalent to that at home. Any expenses over and above the normal week will be costed to the client i.e accommodation and travel etc.



A full invoice and breakdown of the holiday will be provided to each resident. Any extra staffing costs will also be costed out to the resident.

## Health



The home will promote and maintain the service user's health and ensure access to health care services. In particular it will do the following:-

- Support self-care wherever possible.
- Maintain personal and oral hygiene.
- Monitor psychological health and ensure that preventive and restorative care are provided.
- Provide appropriate opportunities for exercise and physical activities.
- Regularly assess and act on the service user's nutritional needs and monitor weight gain or loss.
- Enable service users to register with a GP of their choice, subject to the GP's agreement.





Facilitate access to specialist medical, nursing, dental, pharmaceutical, therapeutic services, and hospital and community health care, as required.

- Ensure access to hearing tests and sight tests and to appropriate



- aids.
- Provide information and advice about entitlements to health care.
  - Inform the service users' next of kin or representative of serious illness or death.

### **Medication**



The home maintains a clear policy and stringent procedures in accordance with Department of Health guidelines for all aspects of the handling of service users' medication. Records are kept of whether each service user wishes to deal with their own medication or pass that responsibility to staff, and of any medication in use whether or not it is self-administered.

### **Care**



The management undertakes to make available sufficient staff to meet the service users' care needs. A full assessment of care needs will be carried out before admission and needs will be reviewed regularly. A service user plan of care will be drawn up with the full involvement of the service user and reviewed at least three



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monthly. The plan of care will set out in detail the action needed to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the service user are met.

### Insurance



The home is properly insured and policy documents can be made available on request.

### Health and Safety



The management will ensure, as far as practical, the health, safety and welfare of service users, including compliance with relevant legislation and the Department of Health guidance. To comply with fire regulations and for the safety and comfort of service users and staff, smoking is permitted only outside.



### Visitors

Visitors are welcome at any time. In the interest of general safety visitors are asked to inform staff on duty if a service user is leaving the



home with them.

## Complaints

The home has a complaints procedure which can be seen on request. Any complaint made by or on behalf of a service user will be investigated and dealt with under the procedure.

## Registration

The home is registered with The Care Quality Commission whose address is :-



CQC National Correspondence  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

Web Address: <http://www.cqc.org.uk>

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Signed:

Date:

(Registered manager)

Signed:

Date:

(Service User)

Updated May 2013